

Date of Hearing: April 21, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
AB 2247 (Elhawary) – As Amended March 23, 2026

SUBJECT: Trauma Healing and Resilience Investment for Victimized and Exposed Youth Act.

SUMMARY: Creates the Trauma Healing and Resilience Investment for Victimized and Exposed Youth Act (T.H.R.I.V.E.) to be administered by the State Department of Health Care Services (DHCS) for the administration of grants to a county to establish and administer a program to pay for mental health (MH) and counseling services for youth survivors of gun violence, as defined, who request those services and who reside in the county. Requires a health care service plan or an insurer, on or after January 1, 2027, to ensure that for an enrollee or an insured requesting a nonurgent appointment with a nonphysician MH care or substance use disorder (SUD) provider to be offered an appointment within five business days of the request for an appointment for an enrollee or an insured who is a youth survivor of gun violence. Specifically, **this bill:**

- 1) Establishes the T.H.R.I.V.E. grant program to be administered by DHCS.
- 2) Establishes the Trauma Healing and Resilience Investment for Victimized and Exposed Youth Fund within the State Treasury. Permits moneys deposited into the fund, upon appropriation by the Legislature, to be expended by DHCS for the purposes of this bill.
- 3) Requires DHCS to award to each county a grant to establish and administer a program to pay for MH and counseling services for youth survivors of gun violence who request those services and who reside in the county.
- 4) Requires DHCS to award a first round of grants to each county within nine months of funds being appropriated for the purpose of implementing this bill or within nine months of the enactment of this bill, whichever is later. Requires DHCS to award grants each fiscal year thereafter for which funds are available, on a timeline determined by DHCS.
- 5) Requires any portion of a grant that a grantee does not use in the grant period to revert to the fund established pursuant 2) above.
- 6) Permits a county to designate a lead agency for the purposes of administering the program. Prohibits a county from designating any law enforcement agency as a lead agency.
- 7) Permits grantees to provide stipends to youth survivors of gun violence directly, or to their parents or guardians for survivors who are minors, to use to pay for their own MH and counseling services, pay providers or peer support specialists directly for MH and counseling services on behalf of youth survivors, or provide funds to one or more community-based organizations, to distribute in stipends to youth survivors of gun violence to pay for MH and counseling services, or to pay providers directly to provide these services.
- 8) Prohibits more than 10% of the funds awarded under this bill from being used to support program administration of the grantee or of a community-based organization that receives funds from a grantee to distribute.

- 9) Requires grantees to establish policies and procedures for distributing funds to youth survivors of gun violence to use to pay for MH and counseling services that comply with all of the following:
 - a) Allow youth survivors of gun violence, or their parents or guardians for survivors who are minors, to attest to their experiences of gun violence without requiring external documentation of the gun violence incident;
 - b) Allow youth survivors of gun violence, or their parents or guardians for survivors who are minors, to select a licensed MH services provider or peer support specialist of their choice, regardless of whether the provider or specialist accepts insurance, Medi-Cal, or another form of coverage;
 - c) Provide youth survivors of gun violence with a list of MH care providers and peer support specialists in the county with expertise in recovery from trauma or violence. This list may include, but is not limited to, providers trained under the Adverse Childhood Experiences (ACEs) Aware Initiative or that are listed in the statewide ACEs Aware Clinician Directory, and who provide individual counseling;
 - d) Do not exclude youth survivors of gun violence on the basis of citizenship or immigration status;
 - e) Establish a mechanism to ensure youth survivors of gun violence are not required to incur out-of-pocket MH and counseling expenses or wait to be reimbursed for those costs; and,
 - f) Do not exclude youth survivors of gun violence on the basis of an arrest, conviction, or juvenile adjudication record, or on the basis of a survivor's status under correctional supervision.
- 10) Prohibits grantees from requiring, as a condition of receiving MH and counseling services, that a youth survivor of gun violence report any crime to a law enforcement agency, or require documentation from law enforcement of the incident of gun violence.
- 11) Maintains eligibility for a youth survivor of gun violence who has health insurance, Medi-Cal, or is eligible for another government or private program that may provide MH and counseling services or funds for such services, to receive funds from a grantee to pay for MH and counseling services from a licensed MH services provider or peer support specialist of their choosing who is out of network or not fully covered by another program, at a rate that is reasonable for the type of service, licensure, and geographic area in which the youth survivor of gun violence resides and in an amount not to exceed \$7,800 annually.
- 12) Prohibits a youth survivor of gun violence from being denied assistance from a grantee solely on the basis of having another source of funding for MH care services generally if that source is not able to fully cover services from the provider or peer support specialist of the youth survivor's choosing at a rate that is reasonable for the type of service, licensure, and geographic area in which the youth survivor of gun violence resides, in an amount not to exceed \$7,800 annually.
- 13) Prohibits a stipend or payment made under this bill from reducing a youth survivor of gun violence's maximum benefit allowance provided by the California Victim Compensation

Board (CalVCB). Prohibits an expense for specific purposes paid in full for a youth survivor of gun violence under this bill from being eligible for reimbursement or payment by CalVCB for the same purposes.

- 14) Requires DHCS to annually issue a public report, to be posted on its internet website, on the impact of the T.H.R.I.V.E. grant program, key conclusions, populations served, and the benefits conferred or realized, using quantitative and qualitative data. Permits DHCS to require grantees to maintain and submit nonidentifying data about program implementation for the purpose of compiling the report, but prohibits DHCS from requiring grantees to submit any information that could identify individual youth survivors of gun violence or their family members.
- 15) Requires this bill to be implemented only to the extent that funds are provided from the fund for these purposes. States that this bill does not obligate any county to use funds from any other source for services pursuant to this bill.
- 16) Requires DHCS to develop a formula to determine the amount of funds to be allocated to each grantee, using data from the most recent three-year period to estimate the number of youth survivors of gun violence in each county, and allocate funds proportionally based on those numbers.
- 17) Permits DHCS to enter into agreements with one or more entities to facilitate the implementation of the T.H.R.I.V.E. grant program, not to exceed 5% of funds appropriated for purposes of this bill, including, but not limited to, any of the following:
 - a) Providing technical assistance to grantees and community-based organizations receiving funding pursuant to this bill;
 - b) Conducting outreach or supporting grantees to conduct outreach to youth and families who may be eligible for the program; and,
 - c) Evaluating T.H.R.I.V.E. grant program data and information and preparing the public report described in 14) above.
- 18) Prohibits DHCS from expending more than 5% of funds appropriated for purposes of this bill on its administrative costs, notwithstanding the costs in 17) above.
- 19) States intent of the Legislature to appropriate funds annually for the purposes of this bill that are sufficient to pay for every youth survivor of gun violence in California to receive a minimum of one year of MH and counseling services at an amount of \$7,800 per survivor, per year.
- 20) Defines “family member” to mean a person related to another by blood, adoption, or marriage; a household member or former household member of another; or a person who is not related by blood, adoption, or marriage to another, but who otherwise has a significant emotional relationship with another.
- 21) Defines “law enforcement agency” to mean any police department, sheriff’s department, district attorney, county probation department, transit agency police department, school district police department, highway patrol, the police department of any campus of the

University of California, the California State University, or a community college, the Department of the California Highway Patrol, the Department of Justice, the Department of Corrections and Rehabilitation, and federal law enforcement agencies, including, but not limited to, the Department of Homeland Security, the Federal Bureau of Investigation, Bureau of Alcohol, Tobacco, Firearms and Explosives, and the Drug Enforcement Administration.

- 22) Defines “youth survivor of gun violence” to mean a person 25 years of age or younger who has experienced any of the following:
- a) Been shot by another person with a firearm;
 - b) Been shot at by another person with a firearm, whether the shooting resulted in bodily injury;
 - c) Has witnessed someone else being shot or shot at with a firearm; or,
 - d) Has a family member or close friend who has sustained serious bodily injury or death from being shot by another person with a firearm, including a person whose parent was killed with a firearm before the person was born.
- 23) Exempts contracts or grants awarded pursuant to this bill from the personal services contracting requirements and the Public Contract Code (PCC) and the State Contracting Manual, and prohibits contracts or grants from being subject to the approval of the Department of General Services (DGS).
- 24) Requires client information and records of MH services provided pursuant to this bill to be confidential and exempt from inspection under the California Public Records Act, 23) of Existing Law below.
- 25) States that the State of California is immune from any liability resulting from the implementation of this bill.
- 26) Permits DHCS to implement and administer this bill through all-county letters or similar instruction, and requires those instructions to have the same force and effect as regulations.
- 27) Requires a health care service plan or an insurer, on or after January 1, 2027, to ensure that for an enrollee or an insured requesting a nonurgent appointment with a nonphysician MH care or SUD provider to be offered an appointment within five business days of the request for an appointment for an enrollee or an insured who is a youth survivor of gun violence.
- 28) Defines “urgent care,” beginning January 1, 2027, to include a request to initiate services for a survivor of gun violence.

EXISTING LAW:

- 1) Establishes the Youth Reinvestment Grant Program (YRGP) within the Board of State and Community Corrections (BSCC) for the purpose of granting funds, as specified. [Welfare and Institutions Code (WIC) § 1450]

- 2) Requires that a specified percentage of funds be allocated for the purpose of implementing diversion programs for children throughout local jurisdictions that are trauma-informed, evidence-based, and culturally relevant, among other things. [WIC § 1454 (a),(b)]
- 3) Provides that BSCC is responsible for oversight and accountability of the program and that it must track funding, provide guidance to programs, and contract with a research firm to conduct a statewide evaluation of the grant, as specified. [WIC § 1455]
- 4) Establishes the Office of Youth and Community Restoration (OYCR) in the California Health and Human Services Agency (CalHHS), whose mission is to promote trauma responsive, culturally informed services for youth involved in the juvenile justice system that support their successful transition to adulthood and help them become responsible, thriving, and engaged members of their communities. [WIC § 2200 (a),(b)]
- 5) Requires all juvenile justice grant administration functions in the BSCC to be moved to the OYCR no later than January 1, 2025. [WIC § 2200 (h)]

California Violence Intervention Program (CalVIP)

- 6) Establishes CalVIP, to be administered by the BSCC. [Penal Code (PEN) § 14131(a)]
- 7) States that the purpose of CalVIP is to improve public health and safety by supporting effective community gun violence reduction initiatives in communities that are disproportionately impacted by community gun violence. [PEN § 14131 (b)]
- 8) States CalVIP grants must be used to develop, support, expand, and replicate evidence-based community gun violence reduction initiatives, including, without limitation, hospital-based violence intervention programs, evidence-based street outreach programs, and focused-deterrence strategies that seek to interrupt cycles of community gun violence and retaliation in order to reduce the incidence of homicides, shootings, and aggravated assaults. [PEN § 14131 (c)]

Medi-Cal Community Health Worker (CHW)/Violence Prevention Professional Benefit

- 9) Establishes the Medi-Cal Program, administered by DHCS, to provide comprehensive health benefits to low-income individuals who meet specified eligibility criteria. [WIC § 14000, *et seq.*]
- 10) Establishes a schedule of benefits under the Medi-Cal program, including violence prevention services, defined as “evidence-based, trauma-informed, and culturally responsive preventive services provided to reduce the incidence of violent injury or reinjury, trauma, and related harms and promote trauma recovery, stabilization, and improved health outcomes.” [WIC § 14132(ag)]
- 11) Establishes CHW services as a Medi-Cal benefit and requires DHCS, through existing and regular stakeholder processes, to inform stakeholders about, and accept input from stakeholders on, implementation of the CHW services benefit. [WIC § 14132.36]
- 12) Defines CHW to mean a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural

competence of service delivery. States that CHWs include other nonlicensed health workers, including violence prevention professionals. Requires a CHW's lived experience to align with and provide a connection to the community being served. [WIC § 18998]

Proposition 64 Youth Education, Prevention, Early Intervention and Treatment Fund

- 13) Allocates revenue from taxes on cannabis. [Revenue and Taxation Code (RTC) § 34019]
- 14) Allocates, after other specified disbursements, 60% of the remaining cannabis tax funds to the Youth Education Prevention, Early Intervention and Treatment Account to fund programs for youth that are designed to educate about and to prevent substance use disorders and to prevent harm from substance use. [RTC § 34019 (f)(1)]

School-Based Health Centers

- 15) Establishes the Public School Health Center Support Program (PSHCSP) within the State Department of Public Health (DPH), in collaboration with the California Department of Education to perform specified functions, including providing technical assistance to school based health centers on effective outreach and enrollment strategies to identify children who are eligible but not enrolled in specified health care programs; serve as a liaison between organizations on prevention services, primary care, and family health; and, to provide technical assistance to facilitate and encourage the establishment, retention or expansion of health centers. [Health and Safety Code (HSC) § 124174.2]
- 16) Requires DPH to establish a grant program, contingent upon appropriation, within the PSHCSP to provide technical assistance, and funding for the expansion, renovation, and retrofitting of existing school health centers and the development of new health centers, as specified. Makes available planning grants, facilities grants, and start-up grants. [HSC § 124174.6]

Health Plan Requirements

- 17) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act) and California Department of Insurance (CDI) to regulate health and other insurance. [HSC § 1340, *et seq.* and Insurance Code (INS) § 106, *et seq.*]
- 18) Establishes California's essential health benefits (EHBs) benchmark under the Patient Protection and Affordable Care Act (ACA) as the Kaiser Small Group Health Maintenance Organization, establishes existing California health insurance mandates, and the 10 ACA mandated benefits, including prescription drug coverage. [HSC § 1367.005 and INS § 10112.27]
- 19) Requires every disability insurance policy and health plan that provides hospital, medical, or surgical coverage to provide coverage for medically necessary treatment of MH and SUDs, under the same terms and conditions applied to other medical conditions, as specified. [HSC § 1374.72 and INS § 10144.5]

- 20) Defines medically necessary treatment of MH or SUD including that the service or product is in accordance with generally accepted standards of MH or SUD care, clinically appropriate in terms of type, frequency, extent, site, and duration. [HSC § 1374.72 and INS § 10144.5]
- 21) Requires, for a plan or insurer, urgent care appointments for services that do not require prior authorization to be offered within 48 hours of a request, urgent care appointments for services that do require prior authorization within 96 hours of the request, nonurgent appointments with a nonphysician mental health care or substance use disorder provider within 10 business days of the request, as specified. [HSC § 1367.03 and INS § 10133.54]

State Contracting and Transparency

- 22) Requires the DGS to publish, or cause to be published, the California State Contracts Register, describing the contracts proposed by the state and establishes standards for the use of personal services contracts. [Government Code (GOV) § 14825, §§ 19130-19135]
- 23) Establishes requirements for contracting by State agencies. [PCC §§ 10100-19150]
- 24) Grants every person in the state the right to inspect records held by government agencies. [GOV § 792.000, *et seq.*]

FISCAL EFFECT: Unknown. This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** According to the author, when young people experience violence, timely support can make the difference between surviving and truly healing. But in California, too many youth, especially those in under-resourced communities, face real barriers to accessing mental health care after trauma. The author argues that existing systems are difficult to navigate, slow to respond, and often out of reach when support is needed most. Too many young survivors fall through the cracks. The author argues this bill creates more accessible pathways to care by allowing trusted, community-based organizations to directly support youth victims, and is about meeting young people where they are and making sure help is available when it matters most.
- 2) **BACKGROUND.**
 - a) **Commission for Behavioral Health (CBH) report.** In 2025, CBH released “Stopping the Hurt: Preventing the Harms of Firearm Violence via Public Behavioral Health, The Impacts of Firearm Violence Project Report” (the report). The report notes that firearm violence is not inevitable; it is predictable and preventable. Like heart disease, traffic accidents, and smoking-related illnesses, there are well-known pathways, risk factors, and interventions to reduce firearm violence and mitigate its harms. CBH identified three key findings and three recommendations to prevent firearm violence.
 - i) **Finding 1:** Firearm violence is a persistent threat to behavioral health, but California is not treating it that way.

Recommendation 1: California must establish trauma-informed violence prevention as a public behavioral health priority.

- ii) **Finding 2:** California faces challenges for effective firearm violence prevention stemming from misconceptions, cultural tensions, and fear.

Recommendation 2: California must deploy a public engagement initiative to regain trust and build relationships with firearm-owning communities and communities impacted by violence.

- iii) **Finding 3:** California's public investments have not been coordinated effectively to address the underlying causes of violence and other public health concerns.

Recommendation 3: California must develop a unified statewide strategy, with an appointed leader, to guide a public health approach to firearm violence prevention that integrates data, resources, and partners from across sectors.

The report notes that the direct effects of firearm violence can be debilitating for those harmed, but the subsequent effects of these incidents ripple out even farther, and they are not limited to any person, group, or generation. They affect all Californians. Public survey data show that 1 in 4 people consider gunshots and shootings to be a problem in their neighborhood. Even more striking, roughly 1 in 5 Californians know someone who has been shot on purpose. Indirect firearm violence impacts a broad range of people, including those who witness a shooting, people living in the neighborhood where it occurs, people who have lost a loved one to violence, and those belonging to a group targeted by mass violence. Nearly half of Californians who are exposed to violence in their neighborhood experience social functioning problems, including issues with their job, school, or interacting with their friends and family. People helping victims of violence, such as first responders, hospital workers, and behavioral health providers, are also impacted. These and other forms of indirect exposure to firearm violence can cause anxiety, fear, depression, difficulty focusing, and a host of other trauma- and anxiety-related symptoms.

The report identifies an opportune place to intervene in the cycle of trauma and violence is after violence has occurred. Those who are directly or indirectly harmed by violence are at higher risk for continuing health and mental health challenges if their trauma is not addressed. The necessary ingredients for healing this trauma vary by person, but one of the most evidence-based factors for healing is community.

- b) **Violence as a Public Health Issue.** According to the federal Office of the Assistant Secretary for Health, United States Department of Health and Human Services (OASH), addressing exposure to crime and violence as a public health issue may help prevent and reduce the harms to individual and community health and well-being. For instance, the federal Community Preventive Services Task Force, a federal entity that reviews the evidence basis for community-based prevention programs, recommends universal school-based programs that focus on building emotional self-awareness and control skills, social problem-solving, and teamwork skills to reduce or prevent violent behavior among school-aged children. Hospital-based violence intervention programs that involve screening and intensive case management have also been proven successful and cost-effective in reducing escalation and recurrence of violent injury.

The OASH administers the Healthy People 2030 initiative, which is a set of 10-year, measurable public health objectives. Violence-related objectives include:

- i) Reducing the rate of minors and young adults committing violent crimes;
- ii) Reducing non-fatal physical assault injuries; and,
- iii) Reducing firearm-related deaths.

DPH established a Violence Prevention Initiative (VPI), with the purpose of elevating violence as a departmental priority, integrating and aligning efforts across multiple DPH programs, and framing the public health governmental role in addressing violence. DPH emphasizes public health approaches work “upstream” to address underlying causes to prevent violence from happening in the first place. According to DPH, the public health approach to violence prevention focuses on the following four-step process:

- i) Define and monitor the problem – Analyze data such as the number of violence-related injuries and deaths;
- ii) Identify risk and protective factors – These can increase or decrease the likelihood of a person becoming a victim or perpetrator of violence;
- iii) Develop and test prevention strategies – Use data and findings from evaluation and research as an evidence-based approach to program planning; and,
- iv) Assure widespread dissemination of effective practices – Share best practices through networking, training, and technical assistance.

The VPI appears to have been active until 2020. The VPI has conducted surveys, published reports and data briefs, and hosted a statewide convening in 2018.

- c) **CalVIP.** CalVIP provides grant funding for initiatives to reduce community gun violence, to communities disproportionately impacted by such violence. Funding is awarded to qualifying cities, counties, and community-based organizations on a competitive basis. The program was established in 2017 to replace a gang-related prevention and intervention program that began in 2007, and was narrowed to focus on community gun violence specifically through AB 762 (Wicks), Chapter 421, Statutes of 2023.

State law requires CalVIP grants be used to support, expand and replicate evidence-based violence reduction initiatives, including but not limited to:

- i) Hospital-based violence intervention programs;
- ii) Evidence-based street outreach programs; and,
- iii) Focused deterrence strategies.

These initiatives must be primarily focused on providing violence intervention services to the small segment of the population that is identified as at high risk of perpetrating or being victimized by community gun violence in the near future. According to the BSCC, historically, CalVIP has been allocated approximately \$9 million annually. In 2021, the state Budget Act also provided a one-time augmentation of \$200 million across three fiscal years (2021-22, 2022-23, and 2023-24) to enhance CalVIP.

d) Current Health-Focused Efforts on Violence Prevention and Youth Development. In addition to funding focused violence prevention strategies, this bill would allocate funding to more generic supports such as recreation- and health-based interventions that offer alternatives to violence, evidence-based interventions for pupils impacted by trauma to improve health and well-being, youth diversion programs that promote positive youth development, and creation and operation of school-based health centers. There are several efforts administered by California state health departments that seek to support youth by enhancing school-based health, youth development and other protective factors in disadvantaged communities.

i) Medi-Cal Coverage of Violence Prevention Services. CHW services, defined to include violence prevention services, were added as a Medi-Cal benefit starting July 1, 2022. The benefit was codified through AB 2697 (Aguiar-Curry), Chapter 488, Statutes of 2022. Key provisions relevant to violence prevention include:

- (1) CHW services are defined to include those delivered by a variety of non-licensed public health workers, including violence prevention professionals;
- (2) CHWs can address issues that include but are not limited to a number of diseases, conditions, and topics, including domestic violence and violence prevention; and,
- (3) CHW services include health education; navigation to health care and other community resources that address health-related social needs; screening and assessment to identify the need for services; and individual support and advocacy that assists a beneficiary in preventing a health condition, injury, or violence.

CHW services became a benefit in July 2022; however, billing data shows little utilization so far. Because billing for violence prevention services would be subsumed under the reported utilization for CHW services overall, it is unknown whether the limited services billed so far reflect any billing specific to violence prevention services.

ii) Prop 64-Funded “Elevate Youth California.” In November 2016, Proposition 64 (Prop 64) was passed by voters allowing adults aged 21 years or older to possess and use cannabis for non-medical purposes. Prop 64 created new taxes, the revenues of which are deposited into the California Cannabis Tax Fund. Current law allocates, after other specified disbursements, 60% of the remaining California Cannabis Tax Fund to be deposited into the Prop 64 Youth Education Prevention, Early Intervention and Treatment Account (YPEIETA). Funds are then disbursed to DHCS, which in turn allocates funds to Elevate Youth California, a statewide program that makes grants with a specific focus on youth ages 12 to 26 living in communities disproportionately impacted by the war on drugs. These grants focus on empowering youth to create policy and system changes through civic engagement; youth development, peer support, and mentoring programs; using evidence-based and/or community-defined practices that help individuals and communities cope with adversity and heal trauma; and harm reduction and public health solutions that create resiliency and prevent substance use disorder. According to the Governor’s proposed 2026-27 Budget, DHCS reports an allocation of \$323 million in 2024-25 and estimates \$277 million in 2025-26 and \$242 million in 2026-27 for the YEPEITA.

- e) **Cal OES.** Cal OES began administering victim service programs in January 2004. Before then, the Governor’s Office of Criminal Justice Planning (OCJP) administered these programs. When the Legislature and Governor abolished OCJP, in an interim plan, the Department of Finance determined that these programs and program-specific staff should be temporarily transferred to Cal OES. The state and federal grant funds administered by Cal OES have specific statutory requirements, program rules, and regulatory mandates. Cal OES administers eight different federal grant programs, including: Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program, Violence Against Women Formula Grant Program, and Sexual Assault Services Formula Program.
 - f) **Timely access laws.** SB 221 (Wiener) Chapter 724, Statutes of 2021, codified DMHC regulations requiring health plans to meet a set of standards, including specific time frames under which enrollees must be able to access care. These requirements provide health plan members the right to behavioral health appointments within the following time frames:
 - i) Urgent care without prior authorization: **within 48 hours**;
 - ii) Urgent care with prior authorization: **within 96 hours**;
 - iii) Non-urgent psychiatrist appointments **within 15 business days**, and non-physician MH or SUD providers **within 10 business days**; and,
 - iv) Non-urgent follow-up appointments with a non-physician MH care or SUD provider **within 10 business days** of the prior appointment for those undergoing a course of treatment for an ongoing MH or SUD condition.
- 3) **SUPPORT.** Californians for Safety and Justice (CSJ) is the sponsor of this bill and states in support that in 2022 alone in California, nearly 2,000 children and youth 25 and under were injured or killed by an act of gun violence. The burden of violent victimization is not borne equally – Black youth in California are victims of gun violence at a rate 21 times that of their white peers, and Latino youth at a rate four times that of white young people. CSJ argues that lack of support for young people who have experienced trauma can leave lasting impacts, including on school and work, long term mental and physical health, and vulnerability to future victimization. Youth survivors of gun violence are at heightened risk for mental health and substance use issues, and need support to recover following violence. But too many young victims of gun violence are not getting the help they need and deserve – a 2023 study found that 3 out of 5 children ages 5 to 18 who are injured by a firearm do not receive mental health services within 6 months following a firearm injury, and a 2019 poll of crime survivors, CSJ found that 41% of crime victims would have wanted counseling or mental health support but never received it, compared to just 12% who received such help.
- 4) **RELATED LEGISLATION.** AB 2378 (Gabriel) would, among other things, establish the Office of Community Violence Intervention to administer the CalVIP grant program, advise the BSCC on implementation of community violence intervention policies, and provide technical assistance to CalVIP grantees.

5) PREVIOUS LEGISLATION.

- a) AB 785 (Sharp-Collins), of 2025 would have created the Community Violence Interdiction Grant Program to be administered by CalHHS to provide funding to local community programs for community-driven solutions to decrease violence in neighborhoods and schools. AB 785 was held in the Senate Appropriations Committee.
- b) AB 1100 (Sharp-Collins) of 2025 would have revised eligibility requirements for compensation by CalVCB, permitting payment to victims who are ineligible for compensation under existing law. AB 1100 was held in the Assembly Appropriations Committee.
- c) AB 2064 (Jones-Sawyer) of 2024 would have established the Community Violence Interdiction Grant Program (CVIGP). This bill is a reintroduction of AB 2064, which was held on the suspense file of the Senate Appropriations Committee.
- d) AB 2267 (Jones-Sawyer) of 2024 would have re-established the YRGP and designated the OYCR to administer it. AB 2267 was held on the suspense file of the Assembly Appropriations Committee.
- e) AB 2052 (Jones-Sawyer) of 2024 would have made various changes to the framework of a grant program within the PSHCSP. AB 2052 was held on the suspense file of the Assembly Appropriations Committee.
- f) AB 912 (Jones-Sawyer) of 2023 would have reestablished the YRGP and provided for additional related grants, contingent upon appropriation. AB 912 was vetoed by the Governor, who cited cost pressure and the need to consider spending in the budget.
- g) AB 762 (Wicks), Chapter 241, Statutes of 2023, changes the purpose of CalVIP, as well as the eligibility requirements for the grant, and makes the program permanent. Removes the sunset date of January 1, 2025, and allows the CalVIP to operate indefinitely.
- h) AB 2534 (Bryan) of 2022 would have established the Survivor Support and Harm Prevention Pilot Program to be administered by the California Health and Human Services Agency to fund noncarceral, nonpunitive, prevention-oriented, and therapeutic programs that support survivors of crime and otherwise support individuals who have experienced violence or trauma of any nature. AB 2534 was held in the Assembly Appropriations Committee.
- i) AB 2697 (Aguiar-Curry), Chapter 488, Statutes of 2022, adds CHW services as a covered benefit under Medi-Cal.
- j) AB 1929 (Gabriel), Chapter 154, Statutes of 2022, adds violence prevention services, as defined, as a covered benefit under Medi-Cal. AB 166 (Gabriel) of 2019, was similar and was vetoed by Governor Newsom, who stated the 2019 Budget Act provided \$30 million in the General Fund for the CalVIP.
- k) AB 1454 (Jones-Sawyer), Chapter 584, Statutes of 2019, revises and recasts the YRGP by increasing the maximum grant award from \$1,000,000 to \$2,000,000 and allowing nonprofit organizations to apply for grants through the program.

REGISTERED SUPPORT / OPPOSITION:

Support

Californians for Safety and Justice (CSJ) (Sponsor)
All of Us or None
Brady California
Brady United Against Gun Violence
California Coalition for Women Prisoners
California Public Defenders Association
Californians United for a Responsible Budget
Courage California
Fresh Lifelines for Youth
Glide
Legal Services for Prisoners with Children
Prosecutors Alliance Action
Youth Alive!

Opposition

None on file

Analysis Prepared by: Logan Hess / HEALTH / (916) 319-2097