

## ASSEMBLY THIRD READING

AB 2247 (Elhawary)

As Amended May 18, 2026

Majority vote

**SUMMARY**

Creates the Trauma Healing and Resilience Investment for Victimized and Exposed Youth Act (T.H.R.I.V.E.) as a pilot program until January 1, 2032 in Alameda, Los Angeles, San Bernardino, and Solano counties to be administered by the State Department of Health Care Services (DHCS). Provides for the administration of grants to a county to establish and administer a program to pay for mental health and counseling services for youth survivors of gun violence, as defined, who request those services and who reside in the county.

**COMMENTS**

*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.

- 1) *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.

- 2) *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.

- 3) *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.

*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:

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

The State Department of Public Health (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:

- 1) Define and monitor the problem – Analyze data such as the number of violence-related injuries and deaths;
- 2) Identify risk and protective factors – These can increase or decrease the likelihood of a person becoming a victim or perpetrator of violence;
- 3) Develop and test prevention strategies – Use data and findings from evaluation and research as an evidence-based approach to program planning; and,

- 4) 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.

*California Violence Intervention and Prevention Program (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:

- 1) Hospital-based violence intervention programs;
- 2) Evidence-based street outreach programs; and,
- 3) 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 Board of State and Community Corrections (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.

*Cal OES*. The Governor's Office of Emergency Services (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 Victim Assistance Formula Grant Program, Violence Against Women Formula Grant Program, and Sexual Assault Services Formula Program.

### **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.

**Arguments in 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.

The Brady Campaign to Prevent Gun Violence (Brady CA) supports this bill stating 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. Brady CA notes that gun violence remains one of the most urgent public health crises in the United States, killing more than 40,000 people each year. Public health is a science that relies on evidence-based strategies to prevent disease and foster healthy populations. Because of public health's emphasis on prevention and creating healthy communities, public health experts focus on addressing the root causes of diseases and health disparities, such as social determinants of health. Brady CA concludes that by expanding access to mental health care services this bill not only helps victims but also breaks cycles of violence by promoting healing and healthy coping.

**Arguments in Opposition**

None on file.

**FISCAL COMMENTS**

According to the Assembly Appropriations Committee, General Fund cost pressures to DHCS of an unknown amount, potentially in the millions of dollars per year, or more, for grants alone. The bill requires DHCS to provide grants to four counties in the first year of implementation, and the bill states the intent to appropriate funds sufficient to pay for every youth survivor of gun violence in California to receive a minimum of one year of mental health and counseling services at an amount of \$7,800 per survivor, per year. Costs to DHCS and the selected lead agency to administer the program could also be significant.

**VOTES****ASM HEALTH: 12-4-0**

**YES:** Bonta, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Patel, Rogers, Schiavo, Sharp-Collins, Stefani

**NO:** Chen, Johnson, Patterson, Sanchez

**ASM APPROPRIATIONS: 11-4-0**

**YES:** Wicks, Aguiar-Curry, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache

**NO:** Hoover, Dixon, Ta, Tangipa

**UPDATED**

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