

Date of Hearing: March 21, 2023

Counsel: Mureed Rasool

ASSEMBLY COMMITTEE ON PUBLIC SAFETY

Reginald Byron Jones-Sawyer, Sr., Chair

AB 912 (Jones-Sawyer) – As Amended March 14, 2023

As Proposed to be Amended in Committee

SUMMARY: Reinvests cost savings from Department of Corrections and Rehabilitation (CDCR) prison closures by funding early violence intervention programs, school-based physical and mental health services, and youth recreational activities. Specifically, **this bill:**

- 1) States that these provisions may be cited to as the Strategic Anti-Violence Funding Efforts (SAFE) Act.
- 2) Provides that the State Department of Public Health (DPH) must, on or before January 1, 2025, make available planning grants in specified amounts to be used for costs associated with assessing the need for a school health center in a particular community or area and developing partnerships for its operation.
- 3) States that, on or before January 1, 2025, DPH must make available facilities and startup grants in specified amounts for the purpose of establishing a school health center, as specified.
- 4) States that, on or before January 1, 2025, DPH must make sustainability grants available in specified amounts for the purpose of operating a school health center, or enhancing programming at a preexisting school health center, among other things, and give preference to non-law enforcement entities.
- 5) States that when awarding the school health center grants, preference shall be given to non-law enforcement entities.
- 6) Creates the Department of Justice (DOJ) Violence Reduction Grant Program (VGRP) which requires the DOJ to oversee a grant program to support, expand, and replicate evidence-based, deterrence-focused, collaborative programs that conduct outreach to individuals involved in gangs and offer supportive services as a preemptive measure to curb gang violence.
- 7) States that the grants must be made on a competitive basis with preference to jurisdictions disproportionately impacted by violence and gangs, and community-based organizations (CBOs) that serve such jurisdictions.
- 8) States that applicants seeking funding from the VRGP must submit proposals that include, but are not limited to:
 - a) Defined and measurable objectives;

- b) A description of which evidence-based, deterrence-focused violence reduction program will be administered;
 - c) A description of how coordination of existing violence intervention and prevention programs will be enhanced; and,
 - d) Evidence that supports the proposed violence reduction program's efficacy in reducing homicides, shootings, aggravated assaults, and gang involvement.
- 9) Provides that, when awarding VRGP grants, the DOJ must give preference to applicants whose proposals demonstrate the greatest likelihood of reducing violence and gang involvement without contributing to mass incarceration.
- 10) Requires each city or local jurisdiction receiving VRGP funds to distribute no less than half of the monies to CBOs or government agencies primarily dedicated to community safety or violence prevention.
- 11) States that the DOJ must form a grant selection advisory committee that includes victims of violence, formerly incarcerated persons, and persons with direct experience implementing evidence based violence and gang reduction programs.
- 12) Requires grantees of the VRGP to report to the DOJ progress reports.
- 13) Requires the DOJ to submit at the close of each grant cycle, a report to the Legislature regarding the impact of the violence prevention programs funded by the VRGP.
- 14) Requires the Department of Parks and Recreation (DPR) to award grants to local governments and with preference to CBOs to support existing and create new parks and recreation opportunities, as well as summer programs for youth.
- 15) States that DPR, when developing the program, must establish criteria and accountability measures as needed, and must ensure priority is given to underserved populations and CBOs, as specified.
- 16) Mandates that DPR give priority to outdoor recreational and health-based intervention programs that operate during peak times of violence.
- 17) Provides that DPR may consider any of the following when considering recreational and health-based intervention programs:
- a) The efficiency in serving the maximum number of participants;
 - b) Demonstrated partnership with public, private and nonprofit entities;
 - c) Contribution to healthy lifestyles, violence prevention and gang deterrence, and improved outdoor recreational experiences; and,
 - d) Service learning and community outreach components.

- 18) Requires DPR to collect information from grantees for evaluation purposes, summarize such information, and report to the appropriate policy, budget and fiscal committees of the Legislature. The report must include total number of youth served, number and types of entities funded, improvement recommendations, and other specified information.
- 19) Reestablishes the Youth Reinvestment Grant Program (YRGP) and designates the Office of Youth and Community Restoration (OYCR) to administer it.
- 20) Creates the Youth Reinvestment Fund and allocates monies into it, as specified.
- 21) Defines, among other terms, “youth” as a person subject to the jurisdiction of the juvenile court.
- 22) Requires that OYCR allocate YRGP funds to implement a mixed-delivery system of trauma informed health and development diversion programs for Native American youth.
- 23) Outlines eligibility criteria to receive YRGP funding, as specified.
- 24) Requires that OYCR allocate YRGP funds, as specified, to programs offering mixed-delivery systems of trauma-informed health and development diversion programs for youth, and specifies, among other things, that the entities must be not be governmental or law enforcement, or probation entities.
- 25) States that YRGP funds must be awarded to applicants with an official letter from at least one government agency demonstrating the agency’s intent to refer youth enrolled in a diversion program to the applicant.
- 26) States that OYCR must distribute YRGP funds as follows:
 - a) Be provided in communities with high arrest rates or with high racial or ethnic disparities in youth arrest rates;
 - b) Be evidence based or research supported, trauma informed, culturally relevant, gender responsive, and developmentally appropriate;
 - c) To applicants with prior experience serving at-risk youth; and,
 - d) Give priority to organizations employing people who were youths with experience in the juvenile justice system.
- 27) States that youth diversion programs under the YRGP must include alternatives to arrest and the justice system, with preference given to programs diverting youth as early as possible.
- 28) States that YRGP funded diversion programs must include one or more of the following: educational services, mentoring services, mental health services, and other specified services.
- 29) States that the OYCR is responsible for the administration, oversight, and compliance of the YRGP and specifies the duties included.

- 30) Creates the Cognitive Behavioral Intervention for Trauma Pilot Program (pilot program) for a period of five years.
- 31) Designates the Health and Human Services Agency (HHS) for the purpose of implementing the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program and to select an organization to study specified student outcomes.
- 32) Establishes the pilot program in the counties of Alameda, Fresno, Merced, Tulare, Kern, and Los Angeles.
- 33) Requires that HHS award grants to schools that meet the following criteria:
 - a) The school uses the monies for implementing the CBITS program;
 - b) The school is located in a region significantly impacted by gun violence as indicated by violent crime data, among other things;
 - c) The school present substantial plans for the collection and distribution of information to the appointed research organization and for fidelity monitoring; and,
 - d) Any criteria specified by HHS.
- 34) Requires HHS, when considering research grant applications, give preference to organizations with demonstrated track records of studying youth, CBOs and nonprofits, working with schools to create trauma-sensitive environments, and other specified criteria.
- 35) Requires the agency to submit a report to the legislature detailing outcomes, including academic performance and rates of criminal offenses, among other things.

EXISTING LAW:

- 1) Establishes the Youth Reinvestment Grant Program within the Board of State and Community Corrections (BSCC) for the purpose of granting funds, as specified. (Welf. & Inst. Code, § 1450.)
- 2) Requires that a specified percentage of funds be allocated for the purpose of implementing diversion programs for Indian children that use trauma-informed, community-based, and health-based interventions. (Welf. & Inst. Code, § 1453, subd. (a).)
- 3) States that priority must be given to diversion programs addressing the needs of Indian children who experience high rates of juvenile arrest, suicide, and alcohol abuse, among other things. (Welf. & Inst. Code, § 1453, subd. (b).)
- 4) 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. (Welf. & Inst. Code, § 1454 subds. (a) & (b).)

- 5) States that jurisdictions with the highest need must be provide a certain minimum of funds and defines “highest needs” as areas with high juvenile arrest rates and high levels of racial or ethnic disparity in juveniles arrest rates. (Welf. & Inst. Code, §1454, subd. (b).)
- 6) Provides that the 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. (Welf. & Inst. Code, § 1455.)
- 7) States that the YRGP funds must be allocated by the BSCC through a competitive grant process, as specified. (Welf. & Inst. Code, § 1458.)
- 8) Establishes the Office of Youth and Community Restoration (OYCR) in the California Health and Human Services Agency, 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 the community. (Welf. & Inst. Code, § 2200, subds. (a) & (b).)
- 9) Provides that all juvenile justice grant administration functions in the Board of State and Community Corrections shall be moved to the OYCR no later than January 1, 2025. (Welf. & Inst. Code, § 2200, subd. (f).)

FISCAL EFFECT: Unknown

COMMENTS:

- 1) **Author's Statement:** According to the author, “By advancing sensible legislation and budget items to improve public safety and advance justice and equity, the State Legislature has decreased the number of incarcerated people in California. It is imperative that the resulting savings be reinvested into effective strategies proven to further reduce crime and violence. AB 912, the SAFE Act, will capture the savings from the closure of two prisons in the 2023-24 state budget and reinvest those funds in programs with proven success. By keeping the funding within our crime prevention budget rather than sending it back to the General Fund, we send a message that our efforts to reduce crime are continuous and we provide much needed resources for some outstanding programs. As such, the SAFE Act, specifically, will provide ongoing funding for the Youth Reinvestment Grant Program; reduce gang violence and gang involvement through programs modeled after successful ones, such as Oakland Ceasefire; expand the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program; increase access to physical and mental health services for K-12 students through school-based health centers; and, support parks and recreation opportunities, including summer youth leagues and extended programming.”
- 2) **Violence as a Public Health Issue:** In recent decades, the approach to curbing violence primarily through law enforcement methods has shifted, and violence is now being recognized as a public health problem.¹ One of the proffered reasons for the transition is that, as the health care system achieved advancements in preventing and treating infectious diseases, homicide and suicide rose in the cause-of-death rankings.² Since 1965, homicide

¹ Dahlberg and Mercy. *History of Violence as a Public Health Problem*. American Medical Association (AMA) Journal of Ethics. (2009) <<https://journalofethics.ama-assn.org/article/history-violence-public-health-problem/2009-02>> [as of Oct. 17, 0222].

² *Id.*

and suicide have consistently been one of the top 15 leading causes of death in the US.³ For some groups, homicide has had an even greater impact. According to the Centers for Disease Control and Prevention (CDC), homicide has been the leading cause of death for black youth during the past three decades.⁴ Another reason for the transition was the successful outcomes achieved by modifying behavioral factors for diseases such as stroke, cancer, and heart disease, which encouraged health professionals to believe the same epidemiological approach could be applied for behavioral challenges underlying violent behavior.⁵ Lastly, the emergence of child maltreatment and intimate partner violence as recognized social problems in the 1960s and 1970s further demonstrated the need to move beyond relying on the criminal-justice sector for finding solutions for the problem of violence in general.⁶

Furthermore, it has been posited that the symptoms and behavior of violence mirrors those of a contagious and epidemic disease.⁷ Such symptoms include morbidity and mortality, person to person transmission—youth with chronic exposure to violence have been found to be 3,150% (or 31.5 times) more likely to engage in chronic violent behavior, and incubation periods—for example, the period between being subjected to child abuse and becoming a perpetrator of violence may be years or decades.⁸

In the 1990s, the CDC began implementing and studying violence intervention programs influenced by a public health approach.⁹ These studies demonstrated that significant reductions in violent behavior were possible through applied, skill-based violence prevention programs.¹⁰ Since then many violence prevention programs have been used here in California, most notably programs such as Operation Ceasefire, Advance Peace, and Trauma Recovery Centers have been implemented with seemingly positive results. These programs operate based off of the well documented fact that violent crimes are highly concentrated in certain locations and among a small number of offenders.¹¹ In Oakland, crime data suggested

³ *Id.*

⁴ CDC. *A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors*. <<https://www.cdc.gov/violenceprevention/youthviolence/fastfact.html>> at 8. [as of Oct. 17, 2022].

⁵ Dahlberg and Mercy. *History of Violence as a Public Health Problem*.

⁶ *Id.*

⁷ Slutkin, MD. *How the Health Sector Can Reduce Violence by Treating It as a Contagion*. *AMA Journal of Ethics*. (2018) <<https://journalofethics.ama-assn.org/article/how-health-sector-can-reduce-violence-treating-it-contagion/2018-01>> [as of Oct. 17, 2022].

⁸ Slutkin, MD. *How the Health Sector Can Reduce Violence by Treating It as a Contagion*. *AMA Journal of Ethics*. (2018) <<https://journalofethics.ama-assn.org/article/how-health-sector-can-reduce-violence-treating-it-contagion/2018-01>> [as of Oct. 17, 2022]; Spano R, Rivera C, Bolland JM. *Are chronic exposure to violence and chronic violent behavior closely related developmental processes during adolescence?* *Crim Justice Behav.* (2010) <<https://journals.sagepub.com/doi/10.1177/0093854810377164>>; Ehrensaft MK, Cohen P, Brown J, Smailes E, Chen H, Johnson JG. *Intergenerational transmission of partner violence: a 20-year prospective study*. *J Consult Clin Psychol.* (2003) <<https://psycnet.apa.org/doiLanding?doi=10.1037%2F0022-006X.71.4.741>>; Huesmann LR, Moise-Titus J, Podolski CL, Eron LD. *Longitudinal relations between children's exposure to TV violence and their aggressive and violent behavior in young adulthood: 1977-1992*. *Dev Psychol.* (2003) <<https://psycnet.apa.org/doiLanding?doi=10.1037%2F0012-1649.39.2.201>>.

⁹ Dahlberg and Mercy. *History of Violence as a Public Health Problem*. *American Medical Association (AMA) Journal of Ethics.* (2009) <<https://journalofethics.ama-assn.org/article/history-violence-public-health-problem/2009-02>> [as of Oct. 17, 2022].

¹⁰ *Id.*

¹¹ Hannah McManus. *Street Violence Crime Reduction Strategies: A Review of the Evidence*. (Feb. 2020) <https://www.theiacp.org/sites/default/files/Research%20Center/Violence%20Reduction%20Literature%20Review_FINAL.pdf> at vii [as of Sep. 27, 2022].;

that less than one half of one percent of the city's population generated the majority of gun violence, and that these "at-risk" individuals tended to be involved in gang and other criminally-active groups.¹²

This bill would create a series of grant programs that take a public health approach method and seek to apply it to reduce violence instead of using a traditional law enforcement approach, which does not generally address the underlying causes that drive violence.

For example, there have been some notable and successful violence prevention programs with the same goals as the VGRP proposed in this bill. Oakland Ceasefire and Advance Peace reach out to individuals who are "at-risk."

Operation Ceasefire's primary design is to reduce violent crimes by bringing together a partnership of criminal justice and community organizations to communicate to "high risk" individuals that there are tailored services and support available to help them step away from violence, and that failure to do so will result in precision law enforcement attention for those continuing to commit violent acts.¹³ In 2012, Oakland entered into a contract with the California Partnership for Safe Communities to help design and implement a new Ceasefire effort.¹⁴ From 2012 to 2017, Oakland has experienced a 43% reduction in homicides and a 50% reduction in non-fatal shootings."¹⁵

Similar to Operation Ceasefire, the Advance Peace program seeks to reduce urban violence by reaching out to individuals at high risk of committing a shooting or homicide.¹⁶ Advance Peace programs engage at-risk individuals by using formerly incarcerated street outreach workers to provide consistent mentoring and mediation when conflicts arise.¹⁷ A study of the program in Stockton found that the, "annual average of gun homicides and assaults also declined during the AP Stockton program period compared to the annual averages from 2015 through 2018. Specifically, we found that the 12-month average for gun homicides and assaults declined by 21% citywide..."¹⁸ There is also an evaluation from an Advance Peace in Sacramento which stated that the mean number of gun homicides and assaults decreased by 21.4% over a four-and-a-half-year period of intervention.¹⁹

This bill would allow for funding of evidence-based interventions such as Operation Ceasefire and Advance Peace, while allowing flexibility for other programs to receive funding as well.

¹² Braga et al. *Oakland Ceasefire Evaluation: Final Report to the City of Oakland*. (May 2019) <<https://cao-94612.s3.amazonaws.com/documents/Oakland-Ceasefire-Evaluation-Final-Report-May-2019.pdf>> at p. 9. [as of Oct. 17, 2022].)

¹³ *Id.* 13, 15.

¹⁴ *Id.* at 14.

¹⁵ *Id.* 14-15, 101.

¹⁶ Corburn et al. *Advance Peace Stockton 2018-2020 Evaluation*. (Jan. 2021). <<https://stockton.advancepeace.org/about/learning-evaluation-impact/>> at 4. [as of Oct. 21, 2022].

¹⁷ *Ibid.*

¹⁸ *Id.* at 8.

¹⁹ Corburn et al. *Outcome Evaluation of Advance Peace Sacramento, 2018-19*. Berkeley Institute of Urban and Regional Development. (2020) <<http://healthycities.berkeley.edu/advance-peace.html>> at 5. [as of Oct. 18, 2022].

- 3) **Recreational Activities Options during Peak Hours of Violence:** This bill would also provide funding for recreational activities youth can engage in. The idea being that youth having an option to go to a safe environment would limit the opportunity time-wise for them to be engaged in less productive behavior. One example of this is the Summer Night Lights program in Los Angeles. Starting in 2008, it aimed to provide a safe environment for youth in communities impacted by gang violence. They did so by providing free meals, extended programming and sports leagues, as well as safe spaces for recreation, community engagement, and linkages to local resources. (<<https://www.lagryd.org/summer-night-lights.html>>)
- 4) **YRGP:** The YRGP was established in the 2018 Budget Act and a related trailer bill. The YRGP is aimed at diverting low-level offenders from initial contact with the juvenile justice system using approaches that are evidence-based, culturally relevant, trauma-informed, and developmentally appropriate. Currently, only California cities and counties are eligible to apply for grants. Current law requires the applicant to designate a “lead public agency”—which may be the applicant city or county, or a department or agency within the applicant’s jurisdiction—to receive 10% the funds and to coordinate with local law enforcement agencies, social service agencies, and nonprofit organizations to implement the local grant program. Applicants are required to pass through the remaining 90% of awarded funds to community-based organizations to deliver diversion programs to minors.²⁰

According to the Legislative Analyst’s Office, 30 local jurisdictions have received funding through the YRG program from the Board of State and Community Corrections (BSCC).²¹ Examples of funded programs include a range of after-school and mentoring programs in Culver City and a program in Alameda County that provides services to at-risk or justice-involved youth (such as a late-night sports league, case management, and mentorship).²²

All juvenile justice grant administration functions in the Board of State and Community Corrections are required to be moved to the OYCR no later than January 1, 2025. (Welf. & Inst. Code, § 2200, subd. (f).) Moreover, in light of the public health approach to criminality, arguably the OYCR a branch of the Health and Human Services Agency, is better suited to administer the program.

This bill would reinstate the YRGP and designate its administration to the OYCR. In addition, it would provide enhanced guidelines for distribution of the YRGP funds to ensure organizations receiving funds had prior experience and communities with the highest need received greater priority, among other things.

- 5) **Cognitive Behavioral Intervention for Trauma in Schools (CBITS):** A core aspect of such programs as Operation Ceasefire or a TRC, is engaging with “at-risk” individuals to provide

²⁰BSCC, *Youth Reinvestment Grant Frequently Asked Questions* <<http://www.bscc.ca.gov/wp-content/uploads/YRG-FAQ-POSTED-3.5.19.pdf>> [as of Jul. 3, 2019].

²¹ Legislative Analyst’s Office. *Youth Reinvestment, Second Chance Act, and Trauma Recovery Center Grant Programs*. (2019) <<https://lao.ca.gov/Publications/Detail/4082>> [as of Oct. 21, 2022].

²² *Ibid.*

access to social services, mentoring, and helping them manage emotional responses.²³ However, given that victims and perpetrators of violent crimes are populations that often overlap, further violence intervention efforts should address factors to violent victimization and criminal involvement simultaneously.²⁴ Considering the fact that traumatic experiences during adolescence is associated with subsequent criminality, even when controlling for race, gender, and economic status; a look into addressing trauma for adolescents in schools is merited.²⁵

In 1998, the Los Angeles Unified School District (LAUSD), teamed up with UCLA and the Research and Development Corporation (RAND), to determine the extent of violence exposure and post-traumatic stress symptoms among LAUSD students and to implement a program designed to address such issues. Of the eligible participants, two randomly assigned groups were created. One group started the program immediately and the other received treatment later on in the year. RAND and mental health clinicians from LAUSD developed the CBITS intervention program. The CBITS program consisted of, among other things, individual sessions with clinicians, activities training such as relaxation methods, ways of dealing with negative thoughts, and coping with violent events through talking, drawing or writing.

Within three months, the students receiving CBITS intervention showed a greater substantial decrease in their Post-Traumatic Stress and Depressive symptoms than the students who had not yet received any intervention. After the three month period, the study stopped treating the group which had previously been helped, and began the CBITS program for the second group. After another three month period, the results were that the group that had received CBITS after the waiting period also showed substantial improvement, while the group that had initially received CBITS maintained their improvements. The data in figures 1 and 2 provide an overview of this information.

²³ City of Oakland Human Services Department. *CalGRIP Final Local Evaluation Report*. (Mar. 30, 2018) <<https://www.bscc.ca.gov/wp-content/uploads/Oakland-CalGRIP-Final-Evaluation-Report.pdf>> at 5 [as of Oct. 17, 2022]; Corburn et al. *Advance Peace Stockton 2018-2020 Evaluation*. (Jan. 2021) at 4.

²⁴ Hannah McManus. *Street Violence Crime Reduction Strategies: A Review of the Evidence*. (Feb. 2020) <<https://www.theiacp.org/sites/default/files/Research%20Center/Violence%20Reduction%20Literature%20Review%20FINAL.pdf>> at 44-45 fn. 19 [as of Sep. 27, 2022].)

²⁵ *Victimization and Juvenile Offending*. National Child Traumatic Stress Network. (2016) <https://www.nctsn.org/sites/default/files/resources//victimization_juvenile_offending.pdf> at 4 [as of Sep. 27, 2022]) see also: Phelan Wyrick. *Examining the Relationship Between Childhood Trauma and Involvement in the Justice System*. National Institute of Justice funded. (Oct. 2021) <<https://www.ojp.gov/pdffiles1/nij/255645.pdf>> [as of Sep. 27, 2022].)

Figure 1
Post-Traumatic Stress Symptoms at Baseline, Three Months, and Six Months

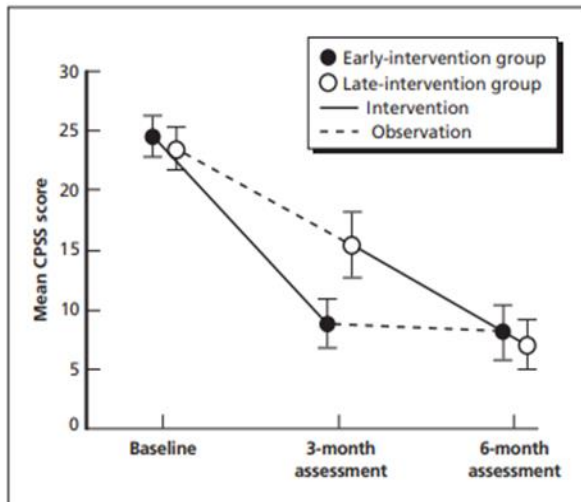
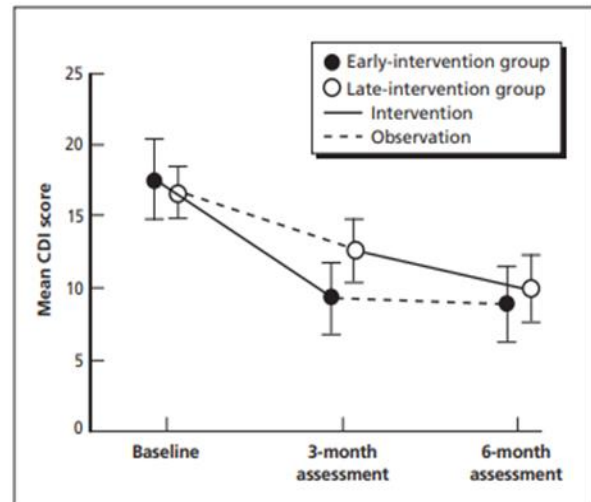


Figure 2
Depressive Symptoms at Baseline, Three Months, and Six Months



SOURCE: Stein BD, Jaycox LH, Kataoka SH, Wong M, Tu W, Elliott MN, and Fink A, "A Mental Health Intervention for School Children Exposed to Violence," *Journal of the American Medical Association*, Vol. 290, No. 6, August 6, 2003, pp. 603-611. Copyright © 2003, American Medical Association. All rights reserved.

NOTE: CDI = Children's Depression Inventory, an assessment tool and scale for measuring child depression.

Since its inception at LAUSD, CBITS has been implemented broadly within the US and is, "included in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs (NREPP) and received high scores from NREPP on quality of research and readiness for dissemination."²⁶ With such a program in place that does seek to modify behavior by dealing with underlying trauma, and in light of the public health data mentioned above, there should be a greater focus on expanding and evaluating CBITS programs as well as others like it in communities wherein individuals at-risk of committing gun violence live and presumably attend school.

This bill would create a five-year CBITS pilot program in five counties and would require a study be done to evaluate student outcomes in areas such as academic performance, trauma-related behavioral symptoms, and criminality rates.

Considering the fact that traumatic experiences during adolescence is associated with subsequent criminality, even when controlling for race, gender, and economic status; an epidemiological look into addressing trauma for adolescents seems to be merited.²⁷ This bill would provide a comprehensive public health oriented approach to violence in our communities.

²⁶ *Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)* RAND Corporation. <https://www.rand.org/well-being/social-and-behavioral-policy/projects/cbits.html>

²⁷ *Victimization and Juvenile Offending*. National Child Traumatic Stress Network. (2016) <https://www.nctsn.org/sites/default/files/resources/victimization_juvenile_offending.pdf> at 4 [as of Sep. 27, 2022]) see also: Phelan Wyrick. *Examining the Relationship Between Childhood Trauma and Involvement in the Justice System*. National Institute of Justice funded. (Oct. 2021) <<https://www.ojp.gov/pdffiles1/nij/255645.pdf>> [as of Sep. 27, 2022].)

- 6) **Argument in Support:** According to *Indivisible CA: StateStrong*, “On December 6, 2022, the California Department of Corrections and Rehabilitation announced the closure and exiting of contract for two additional prison facilities. With the closure of these facilities, the Legislative Analyst’s Office estimates a cost savings of \$235.3 million annually. Rather than returning to the General Fund, it is imperative these savings are kept within the Legislature’s crime prevention budget and reinvested into effective strategies proven to further reduce crime and violence.

“Studies have shown health-based approaches have been successful in curbing violence through applied, skill-based prevention programs. Addressing youth mental health and adverse childhood experiences (ACEs) is crucial in mitigating long-term effects, such as substance abuse, mental illness, chronic health problems, and criminality. Existing programs have been successful in providing crucial resources and early intervention to youth.

“The SAFE Act calls for the reallocation of the \$235 million in annual savings from the proposed closure of two prisons in the 2023-24 state budget. Those funds will go to the following programs:

- 1) \$50 million annually to relocate the Youth Reinvestment Grant Program from the Board of State and Community Corrections to the Office of Youth and Community Restoration. Grants are available for local jurisdictions and California tribes for trauma-informed diversion programs for minors.
- 2) \$35 million annually to the Department of Justice for the purpose of programs that reduce gang violence and gang involvement, modeled after successful programs like Ceasefire in Oakland that resulted in a 43% reduction in homicides and a 50% reduction in non-fatal shootings.
- 3) \$50 million annually to the State Department of Public Health, in consultation with the State Department of Education, to provide operational grants to School-based Health Centers and provide health and mental health services to children on school sites.
- 4) \$50 million annually to the California Health and Human Services Agency to support a pilot program for Cognitive Behavioral Intervention for Trauma in Schools (CBITS) in Alameda, Fresno, Merced, Tulane, Kern and Los Angeles. This program supports early trauma-informed interventions for school-aged children experiencing extreme traumatic events in support of their health, well-being and community stability.
- 5) \$50 million annually to the Department of Parks and Recreation in support of grants to local governments and community-based organizations to create new parks and fund recreation and health-based opportunities during peak times of violence.”

7) **Related Legislation:**

- a) AB 1056 (Davies), would require the Department of Parks and Recreation to make funding available to nonprofit organizations and city or county parks and recreation departments to provide free swimming lessons for low-income and at-risk youth. AB 1056 is pending hearing in the Assembly Water, Parks, and Wildlife Committee.
- b) AB 762 (Wicks), would repeal the sunset date for the California Violence Intervention and Prevention Program. AB 762 is currently pending hearing in the Assembly Public Safety Committee.
- c) SB 266 (Newman), would create the Public Safety Collaborative Fund in the State Treasury. SB 266 would require the board, upon appropriation by the Legislature, to administer public safety collaborative grants from the fund to regional public safety collaboratives established for violence prevention, intervention, and suppression activities. SB 266 is pending hearing in the Senate Public Safety Committee.

8) **Prior Legislation:**

- a) AB 1454 (Jones-Sawyer) Chapter 584, Statutes of 2019, authorized additional grants to within the YRGP to administer diversion programs, as specified.
- b) AB 1812 (Jones-Sawyer) Chapter 36, Statutes of 2018, established the YRGP within the BSCC and appropriated funds for purposes of trauma-informed programs for minors, as specified.
- c) SB 191 (Beall) of the 2015-2016 Legislative Session, would have authorized a county, or a qualified provider operating as part of the county mental health plan network, and a local educational agency to enter into a partnership to create a program that includes, among other things, targeted interventions for pupils with identified social-emotional, behavioral, and academic needs. SB 191 was held in the Senate Appropriations Committee.
- d) AB 1018 (Cooper) of the 2015-2016 Legislative Session, would have required DHCS and CDE to convene a joint taskforce to examine the delivery of mental health services to children. AB 1018 was held in the Senate Appropriations Committee.
- e) AB 1644 (Bonta) of the 2015-2016 Legislative Session, would have required the Department of Public Health (DPH) to establish a four-year program to support local decisions to provide funding for early mental health support services, required DPH to provide technical assistance to local educational agencies, and required DPH to select and support school sites to participate in the program. AB 1644 was held in the Senate Appropriations Committee.
- f) AB 1025 (Thurmond) of the 2015-2016 Legislative Session, would have required CDE to establish a three-year pilot program in school districts to encourage inclusive practices that integrate mental health, special education, and school climate interventions following

a multi-tiered framework. AB 1025 was held in the Senate Appropriations Committee.

REGISTERED SUPPORT / OPPOSITION:

Support

California Public Defenders Association (CPDA)
Californians for Safety and Justice
Children Now
Community Agency for Resources, Advocacy and Services
Community Works
Defy Ventures
Drug Policy Alliance
Faith in The Valley
Freedom 4 Youth
Freedom Within Project
Friends Committee on Legislation of California
Indivisible CA Statestrong
Insight Prison Project, a Division of Five Keys Schools and Programs
John Burton Advocates for Youth
Kalw Public Media
LA Defensa
March for Our Lives Action Fund
Milpa (motivating Individual Leadership for Public Advancement)
National Center for Youth Law
Pacific Juvenile Defender Center
Prosecutors Alliance California
Reevolution
Sacred Purpose LLC
Santa Cruz Barrios Unidos INC.
Success Stories Program
The Transformative In-prison Workgroup
Theatreworkers Project
Women's Foundation of California, Dr. Beatriz Maria Solis Policy Institute (SPI)
Young Women's Freedom Center
Youth Forward

Opposition

None.

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