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## SENATE COMMITTEE ON HEALTH

Senator Dr. Susan Talamantes Eggman, Chair

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**BILL NO:** AB 912  
**AUTHOR:** Jones-Sawyer  
**VERSION:** May 18, 2023  
**HEARING DATE:** July 12, 2023  
**CONSULTANT:** Reyes Diaz

**SUBJECT:** Strategic Anti-Violence Funding Efforts Act

**SUMMARY:** Renames the Public School Health Center Support Program as the School-Based Health Center Support Program, and makes various changes to assist in providing and expanding health services to students through school-based health centers. Establish the Violence Reduction Grant Program to be administered by the Department of Justice. Establishes additional grant programs designed to improve the health and well-being of youth, including by creating park and recreation opportunities, and addressing trauma. Makes these various grant programs contingent upon appropriation by the Legislature for these purposes.

**Existing law:**

- 1) Requires the California Department of Public Health (CDPH), to the extent funding is appropriated annually in the Budget Act or other statute, to establish the Public School Health Center Support Program (PSHCSP), in collaboration with the California Department of Education (CDE), to assist in establishing, expanding, and sustaining school-based health centers (SBHCs), as specified. Requires CDPH to establish a grant program for local educational agencies (LEAs) for these purposes. [HSC §124174, et seq.]
- 2) Requires the PSHCSP, in collaboration with CDE, to perform the following functions:
  - a) Provide technical assistance to SBHCs on effective outreach and enrollment strategies to identify children who are eligible for, but not enrolled in, the Medi-Cal program, the Healthy Families Program, or any other applicable program;
  - b) Serve as a liaison between organizations within CDPH, including, but not limited to, prevention services, primary care, and family health;
  - c) Serve as a liaison between other state entities, as appropriate, including, but not limited to, the Department of Health Care Services (DHCS), the Department of Managed Health Care, the Office of Emergency Services, and the Managed Risk Medical Insurance Board; and,
  - d) Provide technical assistance to facilitate and encourage the establishment, retention, or expansion of SBHCs, as specified. [HSC §124174.2]
- 3) Permits SBHCs to provide age-appropriate health care services at the program site, including conducting routine physical, mental, and oral health assessments onsite, and providing referrals for any services not offered onsite. Permits a SBHC to serve two or more nonadjacent schools or LEAs. [HSC §124174]
- 4) Requires grant recipients to meet or have a plan to meet specified requirements, including providing such services as:
  - a) Physical examinations, immunizations, and other preventive services;
  - b) Management of chronic medical conditions;

- c) Reproductive health services; and,
  - d) Mental health services, as specified. [HSC §124174.6]
- 5) Requires CDPH to give preference for grant funding to schools in areas designated as federally medically underserved or in areas with medically underserved populations; schools with a high percentage of low-income and uninsured children and youth; schools with large numbers of limited-English proficient students; schools in areas with a shortage of health professionals; and low-performing schools, as specified. [HSC §124174.6]
  - 6) Requires CDE to establish an Office of School-Based Health Programs (OSBHP) for the purpose of assisting LEAs regarding the health-related programs under CDE's purview and expanding access to SBHCs. Requires the scope of the OSBHP to include assisting LEA's in such things as the Administrative Claiming process and LEA Medi-Cal Billing Option Program under the state's Medi-Cal program. [EDC §49419]
  - 7) Establishes the Medi-Cal program, administered by DHCS, under which qualified low-income individuals receive health care services, including through SBHCs. [WIC §14000, et seq.]
  - 8) Establishes the Youth Reinvestment Grant Program (YRGP) within the California Board of State and Community Corrections (BSCC) for the purpose of granting funds, as specified. [WIC §1450]
  - 9) Establishes the Office of Youth and Community Restoration (OYCR) in the California Health and Human Services Agency with a mission 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. Requires all juvenile justice grant administration functions in the BSCC to be moved to the OYCR no later than January 1, 2025. [WIC §2200]
  - 10) Requires the Department of Parks and Recreation (CDPR) to establish a local assistance program to distribute grants to the most critically underserved communities across the state, on a competitive basis, to eligible cities, counties, joint powers authorities, districts, and nonprofit organizations for the acquisition or development, or both, of property for parks and recreation areas and facilities. [PRC §5643]

**This bill:****School-Based Health Center Support Program (SBHCSP)**

- 1) Renames the PSHCSP as the SBHCSP.
- 2) Expands the SBHCSP to:
  - a) Provide primary medical care, behavioral health services (including substance use disorder services with referral to treatment, as specified), and dental care services through mobile health or telehealth;
  - b) Strive to provide a comprehensive and integrated set of services provided or supervised by credentialed professionals, in addition to the currently required licensed professionals;
  - c) Strive to address the population health of the entire school campus within the school's Multi-Tiered System of Supports employed by the LEA, as specified;

- d) Strive to provide integrated and individualized support for students and families, as specified;
  - e) Strive to integrate the SBHC in the school or LEA's community school model;
  - f) Strive to provide integrated and individualized support for students and families, and to act as a partner with the student or family to ensure health, social, or behavioral challenges are addressed;
  - g) Increase, beginning on or before January 1, 2025, planning grants from \$25,000-\$50,000 for six to 12 months to \$50,000-\$100,000 for up to 24 months, as specified. Additionally requires these grantees to collect data on the percentage of students eligible for private health care coverage benefits;
  - h) Increase, beginning on or before January 1, 2025, facilities and startup grants from \$20,000-\$250,000 to \$300,000-\$850,000. Gives additional preference for these grants for proposals that include plans to provide integrated primary medical care and behavioral health services; and,
  - i) Provide expansion grants ranging from \$150,000-\$300,000 to renovate and improve an existing SBHC or enhance and expand a fully operational SBHC, as specified. Requires these grantees to be eligible to become or already be an approved Medi-Cal provider; have ability and procedures in place for billing public insurance, managed care health plans, or county mental health plans; and, to develop a plan for sustaining expanded services after the grant period; and,
  - j) Provide, beginning on or before January 1, 2025, sustainability grants in amounts between \$150,000 and \$300,000, inclusive, per year ongoing for the purpose of operating a SBHC. Requires these applicants to meet specified criteria in addition to being eligible to become or already be an approved Medi-Cal provider; having ability and procedures in place for billing public insurance, managed care health plans, or county mental health plans; and, developing a plan for sustaining expanded services after the grant period.
- 3) Requires CDPH to additionally give grant funding preference to SBHCs in areas experiencing health disparities in child and adolescent access to primary, behavioral, preventive, or oral health services.
- 4) Adds to the scope of the OSBHP within CDE to include working with CDPH in supporting the SBHCSP.
- 5) Requires all grant recipients, when contracting for services with grant money, to give preference to schools and other entities that are not law enforcement entities.
- 6) Makes various nonsubstantive, conforming changes.

California Department of Justice (DOJ) Violence Reduction Grant Program (VRGP)

- 7) Requires DOJ to administer the VRGP for the purpose of improving public safety and community health and well-being, especially among those communities that are impacted by violence and gang involvement, with preference to cities and local jurisdictions that are disproportionately impacted by violence and gang involvement.
- 8) Requires grants awarded to be used to support, expand, and replicate evidence-based, focused-deterrence collaborative programs that conduct outreach to targeted gangs and offer supportive services in order to preemptively reduce and eliminate violence and gang involvement. Requires the programs to be primarily designed to reduce violent crimes by bringing together a collaborative partnership to communicate to individuals who are

identified as having the highest risk of perpetrating or being victimized by violence or gang involvement, as specified, with supportive services that include, but are not limited to, job training, health care, and crisis response to shootings and violence, among other services. Requires DOJ to give priority for funding to schools, community-based organizations, and nonprofit organizations.

- 9) Requires DOJ, in awarding these grants, to give preference to applicants whose grant proposals demonstrate the greatest likelihood of reducing the incidence of violence and gang involvement in the applicant's community, without contributing to mass incarceration.
- 10) Requires each city and other local jurisdiction that receives a grant pursuant to this section to distribute no less than 50% of the grant funds to one or both of the following types of entities: community-based organizations; and public agencies or departments that are primarily dedicated to community safety or violence prevention. Permits DOJ to use up to 7% of the funds appropriated for the VRGP each year for the costs of administering it.
- 11) Requires each grantee to report to DOJ their progress in achieving the grant objectives. Requires DOJ, by no later than 90 days following the close of each grant cycle, to prepare and submit a report to the Legislature regarding the impact of the violence prevention initiatives supported by the VRGP and to make evaluations of the grant program available to the public.
- 12) Requires the VRGP to be implemented upon appropriation by the Legislature.

#### Parks and Recreation for Youth

- 13) Requires CDPR to award grants to local governments and, with preference, community-based organizations for the purpose of supporting existing and creating new parks and recreation opportunities, as well as supporting existing and creating new summer programs for youth, including, but not limited to, extended park hours and expanded programming for nighttime sports, educational activities, and visual and performing arts opportunities, in order to create and enhance recreation- and health-based interventions for youth during peak times of violence.
- 14) Requires CDPR to give priority for funding to outdoor recreation- and health-based intervention programs that primarily provide outreach to and serve youth who are impacted by violence and gang involvement in their communities. Requires CDPR, when available, to additionally give priority for funding to schools and nonprofit organizations.
- 15) Requires CDPR to gather information from applicants following each award year for purposes of evaluating the effectiveness of selected programs in achieving the overall objectives of the grant program. Requires CDPR to annually summarize and report this information for the previous award year to the appropriate policy, budget, and fiscal committees of the Legislature, including the total number of youth served; the total number and types of entities that received grant awards; appropriate recommendations to improve the grant program; partnerships formed; educational objectives achieved; the total number of applications received; and, the total number of youth who would have been served if all applicants for the award year received grant awards.
- 16) Requires this grant program to be implemented upon appropriation by the Legislature.

YRGP

- 17) Revises the YRGP to require the OYCR, rather than the BSCC, to establish the YRGP and establishes the Youth Reinvestment Fund, upon appropriation by the Legislature, to be allocated as follows: 3% to be used for administrative costs; \$500,000 for evaluation of the YRGP; \$500,000 for technical assistance to grantees; 10% for Native American youth diversion programs; and, the remaining funds for youth diversion program, as specified.
- 18) Requires the OYCR to allocate funds through a three-year competitive grant program for the purpose of implementing a mixed-delivery system of trauma-informed health and development diversion programs. Requires the OYCR to distribute grants under specified conditions, such as: permitting applicants from two or more local jurisdictions to apply for funding on a regional effort basis; awarding grants to applicants who have obtained an official letter from at least one referring agency demonstrating the agency's intent to refer diverted youth to the diversion program; having experience effectively serving populations of youth who are juvenile justice system-involved or at-risk of system involvement; and, giving preference to organizations that employ people with lived experience as a youth in the juvenile justice system.

Trauma Intervention Program (TIP)

- 19) Requires the California Health and Human Services Agency (CHHSA) to administer a grant program, upon appropriation by the Legislature for this purpose, to provide funding to LEAs, including charter schools, to implement evidence-based interventions for pupils impacted by trauma, and to an organization to study specified pupil outcomes, for the improvement in the health and well-being of the youth and school and community stability.
- 20) Requires CHHSA to develop a list of evidence-based interventions that LEAs receiving funding may implement. Requires LEAs to demonstrate how they will prioritize interventions for pupils most impacted by trauma and typically unable to access traditional services, such as: pupils who are low income or homeless; display symptoms of post-traumatic stress disorder or severe trauma-related symptoms; members of immigrant and refugee groups; pupils with exceptional needs; and, pupils who interact with child protective systems or who have had contact with the juvenile justice system.
- 21) Requires CHHSA to give TIP grant priority to, but not limit eligibility to, applicants located in the Counties of Alameda, Fresno, Merced, Tulare, Kern, and Los Angeles, as regions most impacted by gun violence.
- 22) Requires recipients of these grants, when contracting for services with grant money, to give priority to schools, community-based organizations, and nonprofit organizations.
- 23) Requires CHHSA, every five years, to open eligibility for TIP grants and to give priority to the top six counties with the highest rate of violent crime and homicide, as reported by the DOJ's annual crime data report.
- 24) Makes a Legislative finding and declaration that a special statute is necessary and that a general statute cannot be made applicable, as specified, because of the high rate of violent crime in the Counties of Alameda, Fresno, Merced, Tulare, Kern, and Los Angeles.

**FISCAL EFFECT:** According to the Assembly Appropriations Committee:

One-time cost (GF) of \$235 million, upon appropriation by the Legislature, to the following agencies: (a) \$50 million to CDPH to provide grants to school-based health centers; (b) \$50 million to CHHSA to administer a trauma intervention program; (c) \$50 million to CDPR to award grants for parks and recreation opportunities and youth activities; (d) \$50 million to OYCR for youth reinvestment grants; and (e) \$35 million to DOJ for violence reduction grants.

Potential ongoing administrative costs (GF) to CDPH, CHHSA, CDPR, OYCR, and DOJ of an unknown but significant amount. The bill allows DOJ and OYCR to spend 7% and 3%, respectively, of the funds appropriated to them for program administration. The bill does not provide administrative cost guidelines for CDPH, CHHSA, or CDPR. If administrative costs for those agencies are not paid out of appropriations, the administrative costs for each agency would likely be in the low millions of dollars annually. To the extent the bill adds additional responsibilities for CDPH, CHHSA, CDPR, OYCR, and DOJ outside of administration of the grant programs described above, those responsibilities would likely result in workload pressures requiring additional GF funding.

**PRIOR VOTES:**

Senate Public Safety Committee:	5 - 0
Assembly Floor:	77 - 0
Assembly Appropriations Committee:	12 - 0
Assembly Education Committee:	6 - 0
Assembly Public Safety Committee:	7 - 0

**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. As a result, the Legislative Analyst’s Office (LAO) estimates \$235 million annual cost savings associated with two recent prison closures. It is imperative that the resulting savings be reinvested into effective strategies proven to further reduce crime and violence. This bill, the Strategic Anti-Violence Funding Efforts Act (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 GF, 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 extend funding for the YRGP; reduce gang violence and gang involvement through programs modeled after successful ones, such as Oakland Ceasefire; expand early trauma-informed intervention programs to school-aged kids; 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) *SBHCs.* According to the California School-Based Health Alliance (CSBHA) website, there are 293 SBHCs in California but over 10,000 schools, and their distribution is not a coordinated, state-wide project, although individual districts have strategically worked to increase access to care. Many SBHCs are located in schools serving some of the state’s most vulnerable children: 70% of students attending schools with a SBHC receive free and reduced-priced lunches and primarily serve low-income students and reduce health disparities for young people by increasing access to comprehensive health care. SBHCs also improve educational equity by reducing barriers to learning (e.g. missed school days due to

illness), often disproportionately experienced by low-income students and students of color. The most common organizations serving as the health care providers and sponsors of SBHCs in California are community health centers and school districts. Other sponsoring organizations include county health departments, hospitals and medical centers, mental health agencies, nonprofit community-based organizations, and private physician groups. SBHCs are also funded through third-party reimbursement from state-sponsored programs, such as Medi-Cal. The CSBHA, the sponsor of this bill, states that SBHCs provide a safe place for students and family members to talk about challenging issues (depression, behavior problems, academic performance, substance abuse, sexuality, or relationships, etc.). SBHCs can connect medical services and mental health services to classroom health education, group interventions, and other campus projects, clubs, or activities. SBHCs offer a range of services with the most common being primary medical services. Services are provided at no or low cost to clients. No one is refused service for inability to pay. Some of the common services provided by SBHCs in California (and the percentage of SBHCs offering them) include: medical services (85%); mental health services (70%); reproductive health screening and prevention (57%); reproductive health clinical care (60%); dental prevention services (65%); dental treatment services (35%); and, youth engagement programs (51%).

- 3) *PSHCSP*. AB 2560 (Ridley-Thomas, Chapter 334, Statutes of 2006) established the PSHCSP to provide technical assistance to school health centers on effective outreach and enrollment strategies to identify children who are eligible for, but not enrolled in, the Medi-Cal program, the Healthy Families Program, or any other applicable program; to serve as a liaison between organizations within CDE and between other state entities, as appropriate, and provide technical assistance to facilitate and encourage the establishment, retention, or expansion of school health centers. SB 564 (Ridley-Thomas, Chapter 381, Statutes of 2008) created, to the extent funds are appropriated for implementation of the PSHCSP, a grant program to provide technical assistance and funding for the expansion, renovation, and retrofitting of existing school health centers and the development of new school health centers. According to CDPH, the PSHCSP was not established within CDPH due to lack of funding appropriated for this purpose. During FY 2016-17, the Legislature appropriated limited one-time funding of \$600,000 for CDPH to provide technical assistance in the development and expansion of school-based health centers. The FY 2017-18 Budget included an additional \$600,000 in one-time funding. CDPH utilized this funding to establish relationships and serve as a liaison to SBHCs.
- 4) *YRGP*. The YRGP was established in the 2018 Budget Act and a related trailer bill, and 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% of 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. Over \$37 million was appropriated to the YRG program in the 2018 budget. Ninety-four percent of that amount must be awarded to local jurisdictions through a competitive grant process. Three percent of the amount must be awarded to Native American tribes for implementing diversion programs for tribal youth. The final three percent is available to BSCC for the

administration of the grant program. All juvenile justice grant administration functions in the BSCC are required to move to OYCR no later than January 1, 2025.

- 5) *Double referral.* This bill was heard in the Senate Public Safety Committee on June 20, 2023, and passed with a 5-0 vote.
- 6) *Related legislation.* AB 85 (Weber) requires health plans and insurers to cover screenings for social determinants of health (SDOH) and provide primary care providers with adequate access to community health workers, social workers, and other specified types of workers. Requires DHCS to provide reimbursement for SDOH screenings as a covered Medi-Cal benefit. Requires the Department of Health Care Access and Information to convene a working group with specified membership to create a standardized model for connecting patients to community resources. *AB 85 is set for hearing on July 10, 2023 in the Senate Appropriations Committee.*

AB 1110 (Arambula) requires DHCS and the California Office of the Surgeon General (CA-OSG), subject to an appropriation and in collaboration with specified stakeholders, to review data and develop guidance for adverse childhood experiences (ACEs) screenings to be posted on the CA-OSG website. Sunsets this bill on January 1, 2027. *AB 1110 is pending in the Senate Appropriations Committee.*

- 7) *Prior legislation.* AB 1940 (Salas of 2022) was similar to this bill's provisions that rename the PSHCSP to the SBHCSP and increase grant amounts. *AB 1940 was vetoed by Governor Newsom who stated that the author's effort to modernize the existing PSHCSP and their intent to increase access to physical and behavioral health services for students was appreciated, as SBHCs are vital tools to address the significant disparities in both health and educational outcomes for the state's children and youth. However, the bill could create significant one-time Proposition 98 General Fund cost pressures in the tens of millions of dollars to fund the SBHCSP, and ongoing General Fund costs in the millions of dollars for CDPH to administer the program that were not included in the budget. With the state facing lower-than-expected revenues over the first few months of this fiscal year, it is important to remain disciplined when it comes to spending. The Legislature sent measures with potential costs of well over \$20 billion in one-time spending commitments and more than \$10 billion in ongoing commitments not accounted for in the state budget. Bills with significant fiscal impact, such as this bill, should be considered and accounted for as part of the annual budget process.*

AB 130 (Committee on Budget, Chapter 44, Statutes of 2021) among various provisions, required CDE, no later than January 1, 2022, to establish an OSBHP.

AB 563 (Berman, O'Donnell, and Ramos of 2021) and AB 1322 (Berman and O'Donnell of 2019) would have required CDE, no later than July 1, 2022, to establish an Office of School-Based Health Programs for the purpose of administering health-related programs under the purview of CDE and advising on issues related to the delivery of school-based Medi-Cal services. *AB 563 was not heard in the Senate Education Committee. AB 1322 was vetoed by Governor Newsom who stated that in recognition that all state agencies must work together to better support our youth, the 2019 Budget Act included \$500,000 in one-time funding to support the creation of an interagency collaborative between CDE, DHCS, and other regional and state agencies to improve the coordination and accessibility of services and*



*supports to students. While this bill is well-intentioned, the creation of a school-based health unit at CDE would be premature given this recent investment.*

AB 1454 (Jones-Sawyer, Chapter 584, Statutes of 2019) revised and recast the YRGP by increasing the maximum grant award from \$1 million to \$2 million and allowing nonprofit organizations to apply for grants through the YRGP.

SB 840 (Mitchell, Chapter 29, Statutes of 2018) and AB 1812 (Committee on Budget, Chapter 36, Statutes of 2018) established the YRGP.

AB 766 (Ridley-Thomas of 2015) would have required CDPH to give PSHCSP grant funding preference to schools with a high percentage of children and youth who receive free or low-cost insurance through Medi-Cal. *AB 766 was held on the Senate Appropriations Committee suspense file.*

SB 596 (Yee of 2014) would have required CDE to establish a three-year pilot program in four schools to provide school-based mental health services that leverage cross-system resources and offer comprehensive multi-tiered interventions; allocated a total of \$600,000 in start-up funding to each school selected to participate in the program; and required CDE to submit a report to the Legislature evaluating the success of the program. *SB 596 was held at the Assembly Desk.*

AB 1955 (Pan of 2014) would have required the Superintendent of Public Instruction to establish the Healthy Kids, Healthy Minds Demonstration to provide grants to LEAs for the purpose of employing one full-time school nurse and one full-time mental health professional, and ensured that the schools' libraries were open one hour before and three hours after the regular school day. *AB 1955 was held on the Assembly Appropriations Committee suspense file.*

SB 564 (Ridley-Thomas, Chapter 381, Statutes of 2008) created, to the extent funds are appropriated for this purpose, the PSHCSP grant program.

AB 2560 (Ridley-Thomas, Chapter 334, Statutes of 2006) established, to the extent funding was made available, the PSHCSP.

- 8) *Support.* Supporters of this bill, largely organizations that advocate on behalf of youth and that work in the restorative justice space, state that 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 LAO 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 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.

**SUPPORT AND OPPOSITION:**

**Support:** California School-Based Health Alliance (cosponsor)  
National Center for Youth Law (cosponsor)  
Adolescent Health Working Group  
Alliance for a Better Community  
Alta Public Schools  
American Academy of Pediatrics, California  
Bay Area Community Resources  
California Alliance of Caregivers  
California Alliance of Child and Family Services  
California Alliance for Youth and Community Justice  
California Calls  
California Children's Trust  
California Faculty Association  
California Health+ Advocates  
California Public Defenders Association  
California School-Age Consortium  
California School-Based Health Alliance  
Californians for Safety and Justice  
Californians United for a Responsible Budget  
Center on Juvenile and Criminal Justice  
Children Now  
Community Agency for Resources, Advocacy and Services  
Community Clinic Association of Los Angeles County  
Community Works  
Defy Ventures  
Drug Policy Alliance  
Ella Baker Center for Human Rights  
Essential Access Health  
Equality California  
ExpandLA  
Faith in the Valley  
FASD Network of Southern California  
Freedom 4 Youth  
Freedom Within Prison Project  
Fresh Lifelines for Youth  
Friends Committee on Legislation of California  
Haywood Burns Institute  
Indivisible CA: StateStrong  
Insight Prison Project  
James Morehouse Project  
John Burton Advocates for Youth  
KALW Public Media  
Kids in Common  
La Clínica De La Raza  
La Defensa  
Lake County Office of Education  
Lincoln Families  
Los Angeles County District Attorney's Office

Los Angeles County Superintendent of Schools Dr. Debra Duardo  
Los Angeles Unified School District  
March for Our Lives  
Motivating Individual Leadership for Public Advancement  
National Association of Social Workers—California Chapter  
National Center for Lesbian Rights  
National Center for Youth Law  
National Institute for Criminal Justice Reform  
Pacific Juvenile Defender Center  
Partners Against Violence  
Prosecutors Alliance California  
Racial and Ethnic Mental Health Disparities Coalition  
ReEvolution  
Rising Communities  
Sacred Purpose LLC  
San Francisco Board of Supervisors  
San Francisco Youth Commission  
San Mateo Union High School District  
Santa Cruz Barrios Unidos  
Santa Cruz County Office of Education  
Sharefest Community Development  
Sigma Beta Xi, Inc.  
Sister Warriors Freedom Coalition  
Smart Justice California  
Sow A Seed Community Foundation  
Starting Over, Inc.  
Success Stories Program  
Teens for Vaccines  
The Los Angeles Trust for Children’s Health  
TheatreWorkers Project  
To Help Everyone Health and Wellness Centers  
Women’s Foundation California  
Transformative In-Prison Workgroup  
Young Women’s Freedom Center  
Youth Alliance  
Youth Forward  
Youth Mentoring Connection

**Oppose:** None received

**-- END --**