

Date of Hearing: June 28, 2023

ASSEMBLY COMMITTEE ON EDUCATION  
Al Muratsuchi, Chair  
SB 10 (Cortese) – As Amended May 18, 2023

**[Note: This bill is double referred to the Assembly Health Committee and will be heard by that Committee as it relates to issues under its jurisdiction.]**

**SENATE VOTE:** 40-0 on consent

**SUBJECT:** Pupil health: opioid overdose prevention and treatment

**SUMMARY:** Requires school safety plans of schools serving students in grades 7 to 12 to include a protocol for responding to a student’s opioid overdose; requires the California Department of Education (CDE) and the California Health and Human Services Agency (CHHS), subject to an appropriation for this purpose, to establish the State Working Group on Fentanyl Education in Schools, to promote public education, awareness, and prevention of fentanyl overdoses, through outreach to staff and students in schools; requires the working group to develop a School Resource Guide on Opioids and other informational materials on preventing opioid overdoses; and requires local education agencies (LEAs) to provide these materials to staff, students, and parents. Specifically, **this bill:**

- 1) Requires comprehensive school safety plans of schools serving students in grades 7 to 12 to include a protocol in the event a student is suffering or is reasonably believed to be suffering from an opioid overdose.
- 2) Requires charter school safety plans of schools serving students in grades 7 to 12 to include a protocol in the event a student is suffering or is reasonably believed to be suffering from an opioid overdose.
- 3) Requires the CDE, in collaboration with the CHHS, to establish the State Working Group on Fentanyl Education in Schools, to promote public education, awareness, and prevention of fentanyl overdoses, through outreach to staff and students in schools.
- 4) Encourages county offices of education (COEs) to establish their own respective County Working Groups on Fentanyl Education in Schools, including representatives of LEAs within the county and the county public health department.
- 5) Requires the State Working Group on Fentanyl Education in Schools to develop a School Resource Guide on Opioids (Guide), to serve as a toolkit for use by school staff, through collaboration with relevant entities, including but not limited to all of the following:
  - a) California Society of Addiction Medicine;
  - b) Emergency Medical Services Authority;
  - c) California School Nurses Organization;
  - d) California Medical Association; and

- e) American Academy of Pediatrics.
- 6) Requires the resource guide to include information on the process to participate in the Naloxone Distribution Project administered by the Department of Health Care Services (DHCS), as well as resource information on the provision of emergency naloxone hydrochloride or another opioid antagonist.
- 7) Requires the CDE to distribute the Guide to all LEAs, and requires each LEA to distribute the Guide to its school campuses and ensure that it is available to school staff.
- 8) Requires the CDE and the CHHS to collaborate to develop informational materials containing safety advice, for all students and their parents or guardians, on how to prevent an opioid overdose; requires CDE to distribute these materials to all LEAs, and requires each LEA to distribute the materials to its schools.
- 9) Requires a school of an LEA to notify students and parents or guardians of these informational materials at least twice during the school year using at least two of the following methods:
  - a) Distributing the information in a document or school publication electronically or in hardcopy;
  - b) Including the information in student orientation materials or student handbook at the beginning of the school year; and
  - c) Posting the information on the school's website or social media webpage.
- 10) Specifies that the requirements in (3) through (9) are subject to an appropriation for these purposes.
- 11) Expresses the intent of the Legislature that a school use alternatives to a referral of a student to a law enforcement agency in response to an incident involving the pupil's misuse of an opioid, to the extent this is not in conflict with any other law requiring that referral.
- 12) Expresses the intent of the Legislature that the Multi-Tiered System of Supports (MTSS), including restorative justice practices, trauma-informed practices, social and emotional learning, and school-wide positive behavior intervention and supports (PBIS) be used as alternatives to referrals to law enforcement in order to help students gain critical social and emotional skills, receive support to help transform trauma-related responses, understand the impact of their actions, and develop meaningful methods for repairing harm to the school community. Expresses the intent of the Legislature to assist LEAs in developing strategies for preventing student opioid overdoses.
- 13) Defines "local educational agency" as a COE, school district, state special school, or charter school that serves pupils in any of grades 7 to 12, inclusive.
- 14) Defines "opioid antagonist" as naloxone hydrochloride or another drug approved by the federal Food and Drug Administration (FDA) that, when administered, negates or neutralizes

in whole or in part the pharmacological effects of an opioid in the body, and has been approved for the treatment of an opioid overdose.

15) Other technical and clarifying changes.

**EXISTING LAW:**

- 1) Requires each COE and school district to develop comprehensive school safety plans for its schools serving students in any of kindergarten through grade 12. (Education Code (EC) 32281)
- 2) Requires the petition for the establishment of a charter school to include the development of a school safety plan. (EC 47605 and 47605.6)
- 3) Authorizes school districts, COEs and charter schools to provide emergency naloxone or another opioid antagonist to school nurses or trained volunteer personnel for the purpose of providing emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose. (EC 49414.3)
- 4) Prohibits a student from being suspended from school or recommended for expulsion, unless the superintendent of the school district, or the principal of the school, determines that the student has committed one of numerous identified offenses, including unlawfully possessing, using, selling, or otherwise furnishing a controlled substance. (EC 48900)
- 5) Requires the principal or superintendent of schools to recommend the expulsion of a student for unlawful possession of any controlled substance, among other offenses, committed at school or at a school activity off school grounds, unless it is determined that the expulsion should not be recommended under the circumstances or that an alternative means of correction would address the conduct. (EC 48915)
- 6) Requires that a suspension only be imposed when other means of correction fail to bring about proper conduct. Specifies that other means of correction may include, but are not limited to, the following:
  - a) A conference between school personnel, the student's parent or guardian, and the student;
  - b) Referrals to the school counselor, psychologist, social worker, child welfare attendance personnel, or other school support personnel for case management and counseling;
  - c) Study teams, guidance teams, resource panel teams, or other intervention-related teams that assess the behavior, and develop and implement individualized plans to address the behavior in partnership with the student and his or her parents;
  - d) Referral for a comprehensive psychosocial or psychoeducational assessment;
  - e) Enrollment in a program for teaching prosocial behavior or anger management;
  - f) Participation in a restorative justice program;

- g) A positive behavior support approach with tiered interventions that occur during the schoolday on campus; and,
  - h) Afterschool programs that address specific behavioral issues or expose students to positive activities and behaviors. (EC 48900.5)
- 7) Requires the principal, or their designee, to notify law enforcement authorities before the suspension or expulsion of a student based upon specified acts, including the possession, use, or sale of controlled substances. (EC 48902)

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

- 1) By requiring LEAs to include protocols related to the treatment and prevention of an opioid overdose in their comprehensive school safety plans, this bill could result in a reimbursable state mandate. The extent of these costs is unknown, but based on the existing Comprehensive School Safety Plan I and II mandates, the Proposition 98 General Fund costs could be in the low hundreds of thousands of dollars each year. Further, by expanding the existing Comprehensive School Safety Plan mandates, this bill could place unknown cost pressure on the K-12 Mandates Block Grant.
- 2) The CDE estimates one-time General Fund costs of approximately \$196,000 for various administrative activities associated with the establishment of the work group and producing the resource guide on opioids.

**COMMENTS:**

***Need for the bill.*** According to the author, “Fentanyl was responsible for an astounding one in five youth deaths, ages 15-to-24, in California last year. In one year alone (2019-2020), fentanyl overdoses among youth nearly doubled and we have seen that trend continue to increase. This drug can be found in fake and counterfeit pills that are sold through social media or e-commerce platforms, making them available to youth. SB 10 will expand statewide prevention and education efforts to combat the skyrocketing overdoses and fentanyl-related deaths that have plagued youth statewide.”

***Dangers associated with Fentanyl.*** Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration (FDA) for use as an analgesic and anesthetic. It is approximately 50 times stronger than heroin and 100 times stronger than morphine. First developed in 1959, it was introduced in the 1960’s as an intravenous anesthetic. Fentanyl is legally manufactured and distributed in the United States; however, there are two types of fentanyl: pharmaceutical fentanyl and illicitly manufactured fentanyl. Both are considered synthetic opioids.

Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and for advanced-stage cancer. Most recently, cases of fentanyl-related overdoses are linked to illicitly manufactured fentanyl that is distributed through illegal drug markets for its heroin-like effect. It is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous.

***Addressing Fentanyl Among California Youth.*** According to the California Department of Public Health (CDPH), fentanyl-related overdose deaths increased 625% among ages 10-19 from

2018 to 2020. In 2021, there were 224 fentanyl-related overdose deaths among teens ages 15–19 years old in California. Current law requires the Superintendent of Public Instruction (SPI) to establish minimum training standards for school employees who volunteer to administer naloxone or another opioid antagonist. In addition to setting minimum training standards, the CDE must maintain on its website a clearinghouse for best practices in training nonmedical personnel to administer naloxone or another opioid antagonist to pupils.

The CDE, in conjunction with the CDPH, has developed resources and information that LEAs can readily share with parents and students to help keep them safe. The Fentanyl Awareness and Prevention webpage offers information about the risks of fentanyl and how to prevent teen use and overdoses. In addition to the toolkit, the CDPH’s Substance and Addiction Prevention branch also provides resources for parents, guardians, caretakers, educators, schools, and youth-serving providers.

***Reversing opioid overdoses.*** Naloxone is the generic name for an opioid antagonist that rapidly reverses an opioid overdose. It attaches to opioid receptors and reverses and blocks the effects of other opioids. Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose. Naloxone comes in two FDA-approved forms: injectable and prepackaged nasal spray. A distribution program administered through the DHCS allows schools, universities and colleges to apply for and obtain naloxone at no cost to the institution.

***Some California school districts have opted to make Naloxone available.*** The Los Angeles Unified School District (LAUSD), the state’s largest school district, announced plans to stock naloxone at over 1,400 elementary, middle, and high schools in response to numerous incidents of students experiencing overdoses, including at least one death in 2022. San Diego Unified School District, the state’s second-largest school system stocks naloxone at schools with students in sixth grade or higher. Since 2020, Elk Grove Unified School District, a large district in Northern California, has provided naloxone to school security officers and their supervisors. In Los Angeles County, the Palos Verdes Peninsula Unified School District trained all the district’s registered nurses on how to administer naloxone and made it available to them at that district’s high schools.

***Increasing awareness of the dangers of Fentanyl.*** This bill requires the establishment of a State Working Group on Fentanyl Education in Schools, and encourages COEs to establish county-level groups, to promote public education, awareness, and prevention of fentanyl overdoses. The State Group is required to develop a School Resource Guide on Opioids to serve as a toolkit for use by school staff.

Numerous resources currently exist to inform the working groups, including the “Opioid Overdose Prevention Toolkit” produced by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), which includes a list of other relevant resources. The CDPH also provides a toolkit, “Fentanyl and Opioid Overdose Prevention” on their website.

***Student drug and alcohol use in California.*** The California Healthy Kids Survey (CHKS) is administered to students in grades 7, 9, and 11 in schools opting to administer the survey. The most recently available survey results are from the survey administered between the fall of 2017 and spring 2019. Among other topics, the survey measures alcohol and other drug use, including use at school. Key findings in these areas include the following:

- Lifetime marijuana use was reported by 6%, 17%, and 29% of students by ascending grade. Trends varied, increasing by two points in 7th grade, stable in 9th, and down almost three points in 11th, after large declines in 2015/17;
- Current use of prescription drugs to get “high” declined slightly in 9th and 11th grade, by 1.5 points to 2% in both grades, continuing its decline since 2013/15. There was little change in current inhalant use in any grade, which remained below 2%;
- Current heavy drug use was reported by 2%, 6%, and 10% of 7th, 9th, and 11th graders, respectively, remaining unchanged from 2015/17. Heavy drug use has declined by between two and five percentage points since 2013/15;
- 3.1% of 11<sup>th</sup> graders reported using prescription pain medication, opioids, tranquilizers, or sedatives at least 4 or more times in their life in 2017/19, down from 8.2% in 2013/15;
- Current alcohol and other drug (AOD) use on school property increased slightly in all grades (to 4%, 7%, and 8%) after declining since 2011/13. The uptick occurred primarily due to the increase in marijuana use at school; and
- The percentage of high school students who were ever drunk or “high” on drugs on school property was stable in 9th grade at 8% but declined two points in 11th to 12%. The rate has steadily declined since 2011/13, by about half in all grades.

The CHKS also asks students about the likelihood of getting help at school for drug or alcohol use, and the likelihood of being suspended or expelled for use or possession at school. Findings from the 2017-19 survey include the following:

- 53.6% of 11<sup>th</sup> graders and 56.2% of 9<sup>th</sup> graders reported that it was very likely or likely that they could find help at school for quitting or reducing AOD use; and
- 75.4% of 11<sup>th</sup> graders and 71.5% of 9<sup>th</sup> graders believe that it is very likely or likely that they would be suspended, expelled, or transferred due to AOD use or possession.

***Punitive versus supportive approaches to substance abuse.*** This bill expresses the intent of the Legislature that schools use alternatives within a Multi-Tiered System of Support (MTSS), including restorative justice practices, trauma-informed practices, social and emotional learning, and schoolwide positive behavior interventions and support (PBIS), rather than referring a student to law enforcement, in response to an incident involving the student’s misuse of an opioid, to the extent permitted by law. Current law requires that schools notify law enforcement prior to the suspension or expulsion of a student for a drug-related offense. ***The Committee may wish to consider*** whether it is advisable for law enforcement authorities to be aware of the presence of fentanyl on local school campuses.

Current law also requires that suspension only be imposed when other means of correction fail to bring about proper conduct. These other means of correction include many of those cited as legislative intent in this bill, including restorative justice programs, PBIS, as well as referrals to school support personnel for case management and counseling. The legislative intent to employ these alternative means of correction would appear to be consistent with current law.

In recent years, there has been a general movement in U.S. and Canadian schools away from more traditional authoritarian or punitive disciplinary approaches to more supportive strategies in response to the use of drugs on school property or during school hours. This is often characterized by a shift away from zero-tolerance to progressive disciplinary approaches, where sanctions get stronger with each violation. Punitive approaches have traditionally been used to scare students into compliance, but some research suggests this can further alienate students that need help, potentially increasing their likelihood of substance use, drop out, and delinquent behavior. In schools where certain disciplinary consequences such as out-of-school suspensions for substance use violations were used, students were found to be 1.6 times more likely to use cannabis compared to those schools not using this approach. Student assistance programs which coordinate preventative school-based services, ranging from educational to remediation and counseling programs, have been linked to positive school climate and have been shown to predict reductions in the likelihood of later drug use by an average of 50%. (Magier, 2020)

***Students are being suspended and expelled for illicit drug use or possession.*** According to CDE statewide data from 2021-22, a total of 50,467 or 17% of all suspensions, and 712 or 17% of all expulsions were illicit drug-related. These numbers are down from 2018-19, when there were 63,132 suspensions and 1,754 expulsions for illicit drug-related offenses. The data does not differentiate between possession, use, or sale of drugs. The suspensions and expulsions were disproportionately students of color as shown in the table below:

<b>Ethnicity</b>	<b>% of total statewide enrollment</b>	<b>% of illicit drug expulsions</b>	<b>% of illicit drug suspensions</b>
African American	5.2%	6.2%	7.6%
Hispanic or Latino	55.8%	71.9%	65.1%
White	21.0%	15.0%	18.7%

Source: CDE DataQuest 2021-22

***Impacts of exclusionary discipline policies.*** Research suggests that harsh discipline practices and the over-policing of students of color that occurs in many schools has undermined the creation of safe and inclusive learning environments. Disproportionalities in suspension and expulsion rates between students of color and their white peers appear as early as preschool and continue through the K-12<sup>th</sup> grades. Black youth often receive harsher punishments for minor offenses and are more than twice as likely as white students to receive a referral to law enforcement or be subject to a school-related arrest. (Learning Policy Institute (LPI), March 2021).

***Alternatives to suspension and expulsion.*** This bill expresses the intent of the Legislature that alternatives be used rather than referring a student to law enforcement in response to the misuse of an opioid. Schoolwide strategies currently being employed by California school districts to improve school climate and reduce exclusionary discipline include PBIS, which is a schoolwide approach to discipline that is intended to create safe, predictable, and positive school environments. When PBIS is implemented with fidelity, schools see fewer students with serious behavior problems and an overall improvement in school climate. The key PBIS practices include:

- Clearly defining behavioral expectations of the school community;
- Proactively teaching what those expected behaviors look like in various school settings, on a regular basis;
- Frequently recognizing students who comply with behavioral expectations;
- Administering a clearly defined continuum of consequences for behavioral violations; and
- Continuously collecting and analyzing data to assess students' responsiveness to the behavioral supports provided.

Implementation of PBIS follows a multi-tiered response to intervention model:

- Tier 1 – Universal support is provided to all students by being exposed to explicit instruction on behavioral expectations;
- Tier 2 – Students who do not respond sufficiently to Tier 1 receive additional support, often in the form of a check-in/check-out program; and
- Tier 3 – Students with significant behavioral challenges receive individualized support by a behavioral support team, or are referred for additional services.

***What is restorative justice?*** Another alternative approach to dealing with student discipline issues is restorative justice. The use of restorative justice and restorative practices in schools offers a respectful and equitable approach to discipline, as well as a proactive strategy to create a connected, inclusive school culture. Inspired by indigenous values, restorative justice is a philosophy and a theory of justice that emphasizes bringing together everyone affected by wrongdoing to address needs and responsibilities, and to heal the harm to relationships as much as possible. The term “restorative practices” is used by a number of practitioners to describe how the concepts of restorative justice are utilized to create change in school systems. These practices are an alternative to zero-tolerance policies that mandate suspension or expulsion of students from school for a wide variety of misbehaviors that are not necessarily violent or dangerous. (Fix School Discipline, 2022)

According to the LPI, “Safe, supportive learning environments, where students feel a sense of belonging and where relational trust prevails, are the foundation of a restorative approach to education. Research shows that stable, caring relationships with teachers and other adults are linked to better school performance and engagement. Even one stable relationship with a committed adult can help buffer a child from the effects of serious adversity. Restorative structures, such as advisory systems, support community building and relationships and provide consistent opportunities for teachers to check in on students’ academic, social-emotional, and mental health needs and connect them to appropriate supports.” (LPI, March 2021).

A growing body of research suggests that restorative practices are beneficial. Numerous studies have found that restorative practices are not only associated with improvement in student behavior (e.g. decreases in fighting and bullying), but also with a decrease in office referrals, classroom removals, suspensions, and expulsions. Studies also suggest a link between restorative approaches and improved school climate outcomes, including increased levels of student



connectedness, improved relationships between students and teachers, and improved perceptions of school climate. (LPI, October 2021).

***Recommended Committee Amendments. Staff recommends that the bill be amended as follows:***

- 1) Clarify that school comprehensive safety plans and charter school safety plans be required to include a protocol for opioid overdoses only for those schools serving students in grades 7 to 12.
- 2) Authorize, but do not require the State Working Group on Fentanyl Education in schools to collaborate with all of the listed entities, and add the California AfterSchool Network to the list of entities (at the author's request).
- 3) Require the State Working Group to complete the toolkit by July 1, 2024.
- 4) Remove the requirement for the CDE to distribute the toolkit to LEAs and for LEAs to distribute it to all school campuses, and instead, require the CDE and LEAs to make the toolkit available to all schools, by distributing it electronically, or by posting it on relevant websites.
- 5) Remove the requirement for the CDE to distribute informational materials on preventing an opioid overdose to LEAs, and LEAs to distribute these materials to schools, and require that CDE make these materials available to LEAs through electronic distribution or posting on their website, and that LEAs make these available to schools through similar means.
- 6) Remove the requirement for LEAs to notify students and parents of these informational materials as described in Section 49428, and require that LEAs notify students and parents of these informational materials in the annual notification pursuant to Section 48980.
- 7) Define "local education agency" as a COE, school district, state special school, or charter school that serves pupils in any of grades 7 to 12, inclusive, rather than through a cross-reference.
- 8) Define "opioid antagonist" as naloxone hydrochloride or another drug approved by the federal Food and Drug Administration that, when administered, negates or neutralizes in whole or in part the pharmacological effects of an opioid in the body, and has been approved for the treatment of an opioid overdose, rather than through a cross reference.

***Arguments in support.*** According to the Santa Clara County Office of Education (SCCOE), "Fentanyl is now responsible for one in five deaths among California youths aged 15-to-24 years old. In Santa Clara alone, fentanyl overdose deaths increased by 1000% between 2018 and 2021, from 11 to 106 deaths. Tragically, many of these deaths are children or young adults who are unaware that the drug they are ingesting contains fentanyl and/or ignorant of the severe risk that fentanyl poses.

The SCCOE has partnered with the County of Santa Clara, the Santa Clara County Behavioral Health Services, and the Santa Clara County Opioid Overdose Prevention Project to lead a multipronged approach to fentanyl prevention and education in which schools both raise

awareness of the drugs dangers while also ensuring that schools have life-saving opioid reversal medication at school sites. This program launched less than a year ago and has already been used successfully to save multiple students' lives.

SB 10 builds upon the successful model established in Santa Clara by providing a state framework that will help ensure students and school staff have access to educational and training resources needed to prevent future fentanyl poisoning and overdoses. This bill is complimentary to the Governor's January Budget proposal to provide funding for opioid reversal kits to all middle and high schools and would provide critical training resources to help with implementation."

**Related legislation.** AB 889 (Joe Patterson) of the 2023-24 Session would require a school district, COE, and charter school to annually inform parents or guardians of the dangers associated with using synthetic drugs at the beginning of the first semester or quarter of the regular school term, and to post this information on their websites.

AB 19 (Joe Patterson) would require public schools to maintain at least two doses of naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to a person suffering from an opioid overdose.

SB 234 (Portantino) of the 2023-24 Session would require schools kindergarten to 12th grade, institutions of higher education, stadiums, concert venues, and amusement parks, at all times, to maintain unexpired doses of naloxone hydrochloride or any other opioid antagonist on its premise, ensure that at least two employees are aware of the location of the naloxone hydrochloride or other opioid antagonist, and expand community colleges ability to administer naloxone.

SB 472 (Hurtado) of the 2023-24 Session would require each campus of a public school operated by an LEA, COE, or charter school to maintain at least two doses on its campus, and distribute, naloxone hydrochloride or another opioid antagonist pursuant to the standing order for naloxone and requires LEAs, COEs, and charter school to report to the DHCS for failure to distribute naloxone.

AB 599 (Ward) of the 2023-24 Session, beginning July 1, 2025 would no longer allow a student to be suspended or expelled from school for possessing or using tobacco or nicotine products, and beginning July 1, 2025, no longer require a student to be expelled from school for the unlawful possession of certain controlled substances. Would also require the CDE to develop and make available a model policy for a public health approach to addressing student possession and use of drugs on school property, by July 1, 2025.

AB 915 (Arambula) of the 2023-24 Session would require the CDPH to establish, by March 1, 2025, a certification training program for public middle school and public high school students in grades 5 to 12 to gain skills in how to administer Narcan nasal spray, during an opioid overdose, and how to store and dispose of Narcan nasal spray. The bill would also authorize public middle and high schools serving pupils in any of grades 5 to 12 to voluntarily determine whether or not to host the program on their campuses. The bill would require the CDE to collaborate with drug prevention organizations, community health centers and experts, and nonprofits with related expertise to provide pupils with integrated, comprehensive, accurate, and unbiased educational materials on opioid and drug overdose prevention, opioid and drug safety, and stigma reduction.

AB 33 (Bains) of the 2023-24 Session would establish the Fentanyl Addiction and Overdose Prevention Task Force to undertake specified duties relating to fentanyl abuse.

AB 2598 (Weber) Chapter 914, Statutes of 2022, requires the CDE to develop and post on its website by June 1, 2024, evidence-based best practices for restorative justice practices for LEAs to implement to improve campus culture and climate.

AB 1748 (Mayes) Chapter 557, Statutes of 2016, authorizes school nurses and other trained personnel to use naloxone or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

ACLU California Action  
Alameda County Office of Education  
Anaheim Lighthouse  
Arcadia Police Officers' Association  
Bill Wilson Center  
Bold Recovery  
Burbank Police Officers' Association  
California Alliance for State Advocacy  
California Association for Health, Physical Education, Recreation and Dance  
California Association of Student Councils  
California Coalition of School Safety Professionals  
California Consortium of Addiction Programs and Professionals  
California Federation of Teachers  
California Psychological Association  
California School Nurses Organization  
California Society of Addiction Medicine  
California Teachers Association  
Claremont Police Officers' Association  
Community Social Model Advocates  
Corona Police Officers' Association  
County of Santa Clara  
Culver City Police Officers' Association  
Deputy Sheriffs' Association of Monterey County  
First Responder Health  
Fred Brown's Recovery Services  
Fullerton Police Officers' Association  
Govern for California  
Health Officers Association of California  
Healthier Kids Foundation  
Los Angeles County Office of Education  
Los Angeles School Police Officers' Association  
McAlister Institute  
Murrieta Police Officers' Association  
Native American Training Institute

Newport Beach Police Association  
Orange County Recovery Collaboration  
Palos Verdes Police Officers' Association  
Placer County Deputy Sheriffs' Association  
Pomona Police Officers' Association  
Recovery Advocacy Project California  
Riverside Police Officers' Association  
Riverside Sheriffs' Association  
Santa Ana Police Officers' Association  
Santa Clara County Office of Education  
Santa Clara County School Boards Association  
Sister Warriors Freedom Coalition  
Steinberg Institute  
Tarzana Treatment Centers  
The Purpose of Recovery  
The Turning Point Home  
Upland Police Officers' Association

**Opposition**

None on file

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