

**Introduced by Senator Leno  
(Coauthor: Senator Hancock)**

February 26, 2015

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An act to amend Section 13963.1 of, and to add Sections 13963.2 and 13963.3 to, the Government Code, relating to victims of violent crimes.

LEGISLATIVE COUNSEL'S DIGEST

SB 518, as introduced, Leno. Victims of violent crimes: trauma recovery centers.

Existing law requires the California Victim Compensation and Government Claims Board to administer a program to assist state residents to obtain compensation for their pecuniary losses suffered as a direct result of criminal acts. Payment is made under these provisions from the Restitution Fund, which is continuously appropriated to the board for these purposes. Existing law requires the California Victim Compensation and Government Claims Board to administer a program to evaluate applications and award grants to trauma recovery centers funded by moneys in the Restitution Fund.

This bill would make legislative findings and would require the board to use the evidence-based Integrated Trauma Recovery Services model developed by the Trauma Recovery Center at San Francisco General Hospital University of California, San Francisco (UCSF TRC) when it provides grants to trauma recovery centers. This bill would also require the board, upon appropriation of funds by the Legislature, to enter into an interagency agreement with the Trauma Recovery Center of the Regents of the University of California, San Francisco, to establish the UCSF TRC as the State of California's Trauma Recovery Center of Excellence (TR-COE). The agreement provided for in this bill would

require the TR-COE to support the board by defining the core elements of the evidence-based practice and providing training materials, technical assistance, and ongoing consultation and programming to the board and to each center to enable the grantees to replicate the evidence-based approach.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
 State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 13963.1 of the Government Code is  
 2 amended to read:  
 3 13963.1. (a) The Legislature finds and declares all of the  
 4 following:  
 5 (1) Without treatment, approximately 50 percent of people who  
 6 survive a traumatic, violent injury experience lasting or extended  
 7 psychological or social difficulties. Untreated psychological trauma  
 8 often has severe economic consequences, including overuse of  
 9 costly medical services, loss of income, failure to return to gainful  
 10 employment, loss of medical insurance, and loss of stable housing.  
 11 (2) Victims of crime should receive timely and effective mental  
 12 health treatment.  
 13 (3) The board shall administer a program to evaluate applications  
 14 and award grants to trauma recovery centers.  
 15 (b) The board shall award a grant only to a trauma recovery  
 16 center that meets ~~both~~ *all* of the following criteria:  
 17 (1) The trauma recovery center demonstrates that it serves as a  
 18 community resource by providing services, including, but not  
 19 limited to, making presentations and providing training to law  
 20 enforcement, community-based agencies, and other health care  
 21 providers on the identification and effects of violent crime.  
 22 (2) Any other related criteria required by the board.  
 23 (3) *The trauma recovery center uses the core elements*  
 24 *established in Sections 13963.2 and 13963.3.*  
 25 (c) It is the intent of the Legislature to provide an annual  
 26 appropriation of two million dollars (\$2,000,000) per year. All  
 27 grants awarded by the board shall be funded only from the  
 28 Restitution Fund.  
 29 (d) The board may award a grant providing funding for up to a  
 30 maximum period of three years. Any portion of a grant that a

1 trauma recovery center does not use within the specified grant  
2 period shall revert to the Restitution Fund. The board may award  
3 consecutive grants to a trauma recovery center to prevent a lapse  
4 in funding. The board shall not award a trauma recovery center  
5 more than one grant for any period of time.

6 (e) The board, when considering grant applications, shall give  
7 preference to a trauma recovery center that conducts outreach to,  
8 and serves, both of the following:

9 (1) Crime victims who typically are unable to access traditional  
10 services, including, but not limited to, victims who are homeless,  
11 chronically mentally ill, of diverse ethnicity, members of immigrant  
12 and refugee groups, disabled, who have severe trauma-related  
13 symptoms or complex psychological issues, or juvenile victims,  
14 including minors who have had contact with the juvenile  
15 dependency or justice system.

16 (2) Victims of a wide range of crimes, including, but not limited  
17 to, victims of sexual assault, domestic violence, physical assault,  
18 shooting, stabbing, and vehicular assault, and family members of  
19 homicide victims.

20 (f) The trauma recovery center sites shall be selected by the  
21 board through a well-defined selection process that takes into  
22 account the rate of crime and geographic distribution to serve the  
23 greatest number of victims.

24 (g) A trauma recovery center that is awarded a grant shall do  
25 both of the following:

26 (1) Report to the board annually on how grant funds were spent,  
27 how many clients were served (counting an individual client who  
28 receives multiple services only once), units of service, staff  
29 productivity, treatment outcomes, and patient flow throughout  
30 both the clinical and evaluation components of service.

31 (2) In compliance with federal statutes and rules governing  
32 federal matching funds for victims' services, each center shall  
33 submit any forms and data requested by the board to allow the  
34 board to receive the 60 percent federal matching funds for eligible  
35 victim services and allowable expenses.

36 (h) For purposes of this section, a trauma recovery center  
37 provides, including, but not limited to, all of the following  
38 resources, treatments, and recovery services to crime victims:

39 (1) Mental health services.

1 (2) Assertive community-based outreach and clinical case  
2 management.

3 (3) Coordination of care among medical and mental health care  
4 providers, law enforcement agencies, and other social services.

5 (4) Services to family members and loved ones of homicide  
6 victims.

7 (5) A multidisciplinary staff of clinicians that includes  
8 psychiatrists, psychologists, and social workers.

9 SEC. 2. Section 13963.2 is added to the Government Code, to  
10 read:

11 13963.2. (a) The Legislature finds and declares all of the  
12 following:

13 (1) Victims of violent crime may benefit from access to  
14 structured programs of practical and emotional support. Research  
15 shows that evidence-based trauma recovery approaches are more  
16 effective, at a lesser cost, than customary fee-for-service programs.  
17 State-of-the-art fee-for-service funding increasingly emphasizes  
18 funding best practices, established through research, that can be  
19 varied but have specific core elements that remain constant from  
20 grantee to grantee. The public benefits when government agencies  
21 and grantees collaborate with institutions with expertise in  
22 establishing and conducting evidence-based services.

23 (2) The Trauma Recovery Center at San Francisco General  
24 Hospital/University of California, San Francisco (UCSF TRC), is  
25 an award-winning, nationally recognized program created in 2001  
26 in partnership with the California Victim Compensation and  
27 Government Claims Board. The UCSF TRC was established by  
28 the Legislature as a four-year demonstration project to develop  
29 and test a comprehensive model of care as an alternative to  
30 fee-for-service care reimbursed by victim restitution funds. It was  
31 designed to increase access for crime victims to these funds.

32 (3) The results of this four-year demonstration project have  
33 established that the UCSF TRC model was both clinically effective  
34 and cost effective when compared to customary fee-for-service  
35 care. Seventy-seven percent of victims receiving trauma recovery  
36 center services engaged in mental health treatment, compared to  
37 34 percent receiving customary care. The UCSF TRC model  
38 increased the rate by which sexual assault victims received mental  
39 health services from 6 percent to 71 percent, successfully linked  
40 53 percent to legal services, 40 percent to vocational services and

1 31 percent to safer and more permanent housing. Trauma recovery  
2 center services cost 34 percent less than customary care.

3 (b) The California Victim Compensation and Government  
4 Claims Board shall use the evidenced-based Integrated Trauma  
5 Recovery Services (ITRS) model developed by the UCSF TRC  
6 when it selects, establishes, and implements trauma recovery  
7 centers pursuant to Section 13963.1. In replicating programs funded  
8 by the California Victims Compensation and Government Claims  
9 Board, the ITRS can be modified to adapt to different populations,  
10 but it shall include the following core elements:

11 (1) Provide outreach and services to crime victims who typically  
12 are unable to access traditional services, including, but not limited  
13 to, victims who are homeless, chronically mentally ill, of diverse  
14 ethnicity, members of immigrant and refugee groups, disabled,  
15 who have severe trauma-related symptoms or complex  
16 psychological issues, or juvenile victims, including minors who  
17 have had contact with the juvenile dependency or justice system.

18 (2) Victims of a wide range of crimes, including, but not limited  
19 to, victims of sexual assault, domestic violence, physical assault,  
20 shooting, stabbing, and vehicular assault, human trafficking, and  
21 family members of homicide victims.

22 (3) A structured evidence-based program of mental health and  
23 support services provided to victims of violent crimes or family  
24 members of homicide victims that includes crisis intervention,  
25 individual and group treatment, medication management, substance  
26 abuse treatment, case management, and assertive outreach. This  
27 care shall be provided in a manner that increases access to services  
28 and removes barriers to care for victims of violent crime. This  
29 includes providing services in the client's home, in the community,  
30 or other locations outside the agency.

31 (4) Staff shall include a multidisciplinary team of integrated  
32 trauma specialists that includes psychiatrists, psychologists, and  
33 social workers. The integrated trauma specialist shall be a licensed  
34 clinician, or a supervised clinician engaged in completion of the  
35 applicable licensure process. Clinical supervision and other support  
36 are provided to staff on a weekly basis to ensure the highest quality  
37 of care and to help staff deal constructively with vicarious trauma.

38 (5) Psychotherapy and case management shall be provided by  
39 a single point of contact for the client, that is an individual trauma  
40 specialist, with support from an integrated trauma treatment team.

1 In order to ensure the highest quality of care, the treatment team  
2 shall collaboratively develop treatment plans in order to achieve  
3 positive outcomes for clients.

4 (6) Services shall include assertive case management, including,  
5 but not limited to, a trauma specialist accompanying the client to  
6 court proceedings, medical appointments, or other community  
7 appointments as needed. Case management services shall include,  
8 but not be limited to, assisting clients file victim compensation  
9 applications, file police reports, help with obtaining safe housing  
10 and financial entitlements, linkages with medical care, assistance  
11 in return to work, liaison with other community agencies, law  
12 enforcement, and other support services as needed.

13 (7) Clients shall not be excluded from services solely on the  
14 basis of emotional or behavioral issues resulting from trauma,  
15 including, but not limited to, substance abuse problems, low initial  
16 motivation, or high levels of anxiety.

17 (8) Trauma recovery services shall incorporate established  
18 evidence-based practices, including, but not limited to, motivational  
19 interviewing, harm reduction, seeking safety, cognitive behavioral  
20 therapy, dialectical behavior, and cognitive processing therapy.

21 (9) The goals of a Trauma Recovery Center shall be to decrease  
22 psychosocial distress, minimize long-term disability, improve  
23 overall quality of life, reduce the risk of future victimization, and  
24 promote post-traumatic growth.

25 (10) In order to ensure that clients are receiving targeted and  
26 accountable services, treatment shall be provided up to 16 sessions.  
27 For those with ongoing problems and a primary focus on trauma,  
28 treatment may be extended after special consideration with the  
29 clinical supervisor. Extension beyond 32 sessions shall require  
30 approval by a clinical steering and utilization group that considers  
31 the client's progress in treatment and remaining need.

32 SEC. 3. Section 13963.3 is added to the Government Code, to  
33 read:

34 13963.3. (a) The legislature finds and declares all of the  
35 following:

36 (1) Systematic training, technical assistance, and ongoing  
37 standardized program evaluations are needed to ensure that all  
38 new state-funded trauma recovery centers are evidenced based,  
39 accountable, and clinically effective and cost effective.

1 (2) By creating a Trauma Recovery Center of Excellence  
2 (TR-COE), it is the intent of the Legislature that these services  
3 will be delivered in a clinically effective and cost effective manner,  
4 and that victims of crime in California will have increased access  
5 to needed services.

6 (b) Upon appropriation of funds by the Legislature pursuant to  
7 subdivision (c), the board shall enter into an interagency agreement  
8 with the Trauma Recovery Center of the Regents of the University  
9 of California, San Francisco, to establish the UCSF TRC as the  
10 State of California’s Trauma Recovery Center of Excellence. This  
11 agreement shall require:

12 (1) The board to consult with the TR-COE in developing  
13 language for grant applications and development of grant review  
14 criteria for grants pursuant to Section 13963.1.

15 (2) The TR-COE to define the core elements of the  
16 evidence-based practice.

17 (3) The board to consult with the TR-COE in the replication of  
18 the integrated trauma recovery services approach.

19 (4) The TR-COE to assist by providing training materials,  
20 technical assistance, and ongoing consultation to the board and to  
21 each center to enable the grantees to replicate the evidence-based  
22 approach.

23 (5) The TR-COE to assist in evaluation by designing and a  
24 multisite evaluation to measure adherence to the practice and  
25 effectiveness of each center.

26 (c) This section does not apply to the University of California  
27 unless the Regents of the University of California, by appropriate  
28 resolution, make this section applicable.