

AMENDED IN SENATE APRIL 20, 2015

SENATE BILL

No. 518

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

February 26, 2015

An act to amend Section 13963.1 of, and to add Sections ~~13963.2~~ and ~~13963.3~~ 13963.2, 13963.3, and 13963.4 to, the Government Code, relating to victims of violent crimes.

LEGISLATIVE COUNSEL'S DIGEST

SB 518, as amended, 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 *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 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~~. *13963.3 and 13963.4.*
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.

1 (d) The board may award a grant providing funding for up to a
2 maximum period of three years. Any portion of a grant that a
3 trauma recovery center does not use within the specified grant
4 period shall revert to the Restitution Fund. The board may award
5 consecutive grants to a trauma recovery center to prevent a lapse
6 in funding. The board shall not award a trauma recovery center
7 more than one grant for any period of time.

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

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

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

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

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

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

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

1 (1) Mental health services.

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

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

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

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

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

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

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

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

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

1 health services from 6 percent to 71 percent, successfully linked
2 53 percent to legal services, 40 percent to vocational services and
3 31 percent to safer and more permanent housing. Trauma recovery
4 center services cost 34 percent less than customary care.

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

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

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

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

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

1 ~~(5) Psychotherapy and case management shall be provided by~~
2 ~~a single point of contact for the client, that is an individual trauma~~
3 ~~specialist, with support from an integrated trauma treatment team.~~
4 ~~In order to ensure the highest quality of care, the treatment team~~
5 ~~shall collaboratively develop treatment plans in order to achieve~~
6 ~~positive outcomes for clients.~~

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

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

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

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

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

35 ~~(b) The Legislature further finds and declares all of the~~
36 ~~following:~~

37 ~~(1) Systematic training, technical assistance, and ongoing~~
38 ~~standardized program evaluations are needed to ensure that all~~
39 ~~new state-funded trauma recovery centers are evidenced based,~~
40 ~~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 SEC. 3. *Section 13963.3 is added to the Government Code, to*
7 *read:*

8 *13963.3. The California Victim Compensation and Government*
9 *Claims Board shall use the evidenced-based Integrated Trauma*
10 *Recovery Services (ITRS) model developed by the UCSF TRC*
11 *when it selects, establishes, and implements trauma recovery*
12 *centers pursuant to Section 13963.1. In replicating programs*
13 *funded by the California Victims Compensation and Government*
14 *Claims Board, the ITRS can be modified to adapt to different*
15 *populations, but it shall include the following core elements:*

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

23 (b) *Victims of a wide range of crimes, including, but not limited*
24 *to, victims of sexual assault, domestic violence, physical assault,*
25 *shooting, stabbing, and vehicular assault, human trafficking, and*
26 *family members of homicide victims.*

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

36 (d) *Staff shall include a multidisciplinary team of integrated*
37 *trauma specialists that includes psychiatrists, psychologists, and*
38 *social workers. The integrated trauma specialist shall be a licensed*
39 *clinician, or a supervised clinician engaged in completion of the*
40 *applicable licensure process. Clinical supervision and other*

1 supports are provided to staff on a weekly basis to ensure the
2 highest quality of care and to help staff deal constructively with
3 vicarious trauma.

4 (e) Psychotherapy and case management shall be provided by
5 a single point of contact for the client, that is an individual trauma
6 specialist, with support from an integrated trauma treatment team.
7 In order to ensure the highest quality of care, the treatment team
8 shall collaboratively develop treatment plans in order to achieve
9 positive outcomes for clients.

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

19 (g) Clients shall not be excluded from services solely on the
20 basis of emotional or behavioral issues resulting from trauma,
21 including, but not limited to, substance abuse problems, low initial
22 motivation, or high levels of anxiety.

23 (h) Trauma recovery services shall incorporate established
24 evidence-based practices, including, but not limited to, motivational
25 interviewing, harm reduction, seeking safety, cognitive behavioral
26 therapy, dialectical behavior, and cognitive processing therapy.

27 (i) The goals of a Trauma Recovery Center shall be to decrease
28 psychosocial distress, minimize long-term disability, improve
29 overall quality of life, reduce the risk of future victimization, and
30 promote post-traumatic growth.

31 (j) In order to ensure that clients are receiving targeted and
32 accountable services, treatment shall be provided up to 16 sessions.
33 For those with ongoing problems and a primary focus on trauma,
34 treatment may be extended after special consideration with the
35 clinical supervisor. Extension beyond 32 sessions shall require
36 approval by a clinical steering and utilization group that considers
37 the client’s progress in treatment and remaining need.

38 ~~SEC. 3.~~

39 SEC. 4. Section ~~13963.3~~13963.4 is added to the Government
40 Code, to read:

1 13963.3.

2 13963.4. (a) ~~The legislature finds and declares all of the~~
3 ~~following:~~

4 (1) ~~Systematic training, technical assistance, and ongoing~~
5 ~~standardized program evaluations are needed to ensure that all~~
6 ~~new state-funded trauma recovery centers are evidenced-based,~~
7 ~~accountable, and clinically effective and cost effective.~~

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

13 ~~(b)~~

14 (a) Upon appropriation of funds by the Legislature pursuant to
15 ~~subdivision (c), Legislature,~~ the board shall enter into an
16 interagency agreement with the Trauma Recovery Center of the
17 Regents of the University of California, San Francisco, to establish
18 the UCSF TRC as the State of California’s Trauma Recovery
19 Center of Excellence. This agreement shall require:

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

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

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

27 (4) The TR-COE to assist by providing training materials,
28 technical assistance, and ongoing consultation to the board and to
29 each center to enable the grantees to replicate the evidence-based
30 approach.

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

34 ~~(e)~~

35 (b) This section does not apply to the University of California
36 unless the Regents of the University of California, by appropriate
37 resolution, make this section applicable.

O