

AMENDED IN ASSEMBLY JULY 8, 2015

AMENDED IN SENATE MAY 20, 2015

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 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 *recognize the Trauma Recovery Center at San Francisco General Hospital, University of California, San Francisco, as the State Pilot Trauma Recovery Center (State Pilot TRC)*. *The bill* 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)~~ *State Pilot TRC* when it provides grants to trauma recovery centers. This bill would also require the board, upon appropriation of funds from the Victim Restitution Fund 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~~ *State Pilot 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. (a) The Legislature finds and declares all of the
2 following:

3 (1) Victims of violent crime may benefit from access to
4 structured programs of practical and emotional support. Research
5 shows that evidence-based trauma recovery approaches are more
6 effective, at a lesser cost, than customary fee-for-service programs.
7 State-of-the-art fee-for-service funding increasingly emphasizes
8 funding best practices, established through research, that can be
9 varied but have specific core elements that remain constant from
10 grantee to grantee. The public benefits when government agencies
11 and grantees collaborate with institutions with expertise in
12 establishing and conducting evidence-based services.

13 (2) The Trauma Recovery Center at San Francisco General
14 Hospital, University of California, San Francisco (UCSF TRC),
15 is an award-winning, nationally recognized program created in
16 2001 in partnership with the California Victim Compensation and
17 Government Claims Board. The UCSF TRC *is hereby recognized*
18 *as the State Pilot Project Trauma Recovery Center (State Pilot*
19 *TRC)*. *The State Pilot TRC* was established by the Legislature as
20 a four-year demonstration project to develop and test a
21 comprehensive model of care as an alternative to fee-for-service

1 care reimbursed by victim restitution funds. It was designed to
2 increase access for crime victims to these funds.

3 (3) The results of this four-year demonstration project have
4 established that the ~~UCSF TRC~~ *State Pilot TRC* model was both
5 clinically effective and cost effective when compared to customary
6 fee-for-service care. Seventy-seven percent of victims receiving
7 trauma recovery center services engaged in mental health treatment,
8 compared to 34 percent receiving customary care. The ~~UCSF TRC~~
9 *State Pilot TRC* model increased the rate by which sexual assault
10 victims received mental health services from 6 percent to 71
11 percent, successfully linked 53 percent to legal services, 40 percent
12 to vocational services, and 31 percent to safer and more permanent
13 housing. Trauma recovery center services cost 34 percent less than
14 customary care.

15 (b) The Legislature further finds and declares all of the
16 following:

17 (1) Systematic training, technical assistance, and ongoing
18 standardized program evaluations are needed to ensure that all
19 new state-funded trauma recovery centers are evidence-based,
20 accountable, and clinically effective and cost effective.

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

26 SEC. 2. Section 13963.1 of the Government Code is amended
27 to read:

28 13963.1. (a) The Legislature finds and declares all of the
29 following:

30 (1) Without treatment, approximately 50 percent of people who
31 survive a traumatic, violent injury experience lasting or extended
32 psychological or social difficulties. Untreated psychological trauma
33 often has severe economic consequences, including overuse of
34 costly medical services, loss of income, failure to return to gainful
35 employment, loss of medical insurance, and loss of stable housing.

36 (2) Victims of crime should receive timely and effective mental
37 health treatment.

38 (3) The board shall administer a program to evaluate applications
39 and award grants to trauma recovery centers.

1 (b) The board shall award a grant only to a trauma recovery
2 center that meets all of the following criteria:

3 (1) The trauma recovery center demonstrates that it serves as a
4 community resource by providing services, including, but not
5 limited to, making presentations and providing training to law
6 enforcement, community-based agencies, and other health care
7 providers on the identification and effects of violent crime.

8 (2) Any other related criteria required by the board.

9 (3) The trauma recovery center uses the core elements
10 established in Sections 13963.2 and 13963.3.

11 (c) It is the intent of the Legislature to provide an annual
12 appropriation of two million dollars (\$2,000,000) per year. All
13 grants awarded by the board shall be funded only from the
14 Restitution Fund.

15 (d) The board may award a grant providing funding for up to a
16 maximum period of three years. Any portion of a grant that a
17 trauma recovery center does not use within the specified grant
18 period shall revert to the Restitution Fund. The board may award
19 consecutive grants to a trauma recovery center to prevent a lapse
20 in funding. The board shall not award a trauma recovery center
21 more than one grant for any period of time.

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

25 (1) Crime victims who typically are unable to access traditional
26 services, including, but not limited to, victims who are homeless,
27 chronically mentally ill, of diverse ethnicity, members of immigrant
28 and refugee groups, disabled, who have severe trauma-related
29 symptoms or complex psychological issues, or juvenile victims,
30 including minors who have had contact with the juvenile
31 dependency or justice system.

32 (2) Victims of a wide range of crimes, including, but not limited
33 to, victims of sexual assault, domestic violence, physical assault,
34 shooting, stabbing, and vehicular assault, and family members of
35 homicide victims.

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

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

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

8 (2) In compliance with federal statutes and rules governing
9 federal matching funds for victims' services, each center shall
10 submit any forms and data requested by the board to allow the
11 board to receive the 60 percent federal matching funds for eligible
12 victim services and allowable expenses.

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

16 (1) Mental health services.

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

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

21 (4) Services to family members and loved ones of homicide
22 victims.

23 (5) A multidisciplinary staff of clinicians that includes
24 psychiatrists, psychologists, social workers, case managers, and
25 peer counselors.

26 SEC. 3. Section 13963.2 is added to the Government Code, to
27 read:

28 13963.2. *The Trauma Recovery Center at the San Francisco*
29 *General Hospital, University of California, San Francisco is*
30 *recognized as the State Pilot Program Trauma Recovery Center*
31 *(State Pilot TRC). The California Victim Compensation and*
32 *Government Claims Board shall use the evidence-based Integrated*
33 *Trauma Recovery Services (ITRS) model developed by the UCSF*
34 ~~TRC~~ *State Pilot TRC when it selects, establishes, and implements*
35 *trauma recovery centers pursuant to Section 13963.1. In replicating*
36 *programs funded by the California Victim Compensation and*
37 *Government Claims Board, the ITRS can be modified to adapt to*
38 *different populations, but it shall include the following core*
39 *elements:*

1 (a) Provide outreach and services to crime victims who typically
2 are unable to access traditional services, including, but not limited
3 to, victims who are homeless, chronically mentally ill, of diverse
4 ethnicity, members of immigrant and refugee groups, disabled,
5 who have severe trauma-related symptoms or complex
6 psychological issues, or juvenile victims, including minors who
7 have had contact with the juvenile dependency or justice system.

8 (b) Victims of a wide range of crimes, including, but not limited
9 to, victims of sexual assault, domestic violence, physical assault,
10 shooting, stabbing, and vehicular assault, human trafficking, and
11 family members of homicide victims.

12 (c) A structured evidence-based program of mental health and
13 support services provided to victims of violent crimes or family
14 members of homicide victims that includes crisis intervention,
15 individual and group treatment, medication management, substance
16 abuse treatment, case management, and assertive outreach. This
17 care shall be provided in a manner that increases access to services
18 and removes barriers to care for victims of violent crime. This
19 includes providing services in the client's home, in the community,
20 or other locations outside the agency.

21 (d) Staff shall include a multidisciplinary team of integrated
22 trauma specialists that includes psychiatrists, psychologists, and
23 social workers. The integrated trauma specialist shall be a licensed
24 clinician, or a supervised clinician engaged in completion of the
25 applicable licensure process. Clinical supervision and other
26 supports are provided to staff on a weekly basis to ensure the
27 highest quality of care and to help staff deal constructively with
28 vicarious trauma.

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

35 (f) Services shall include assertive case management, including,
36 but not limited to, a trauma specialist accompanying the client to
37 court proceedings, medical appointments, or other community
38 appointments as needed. Case management services shall include,
39 but not be limited to, assisting clients file victim compensation
40 applications, file police reports, help with obtaining safe housing

1 and financial entitlements, linkages with medical care, assistance
2 in return to work, liaison with other community agencies, law
3 enforcement, and other support services as needed.

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

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

12 (i) The goals of a trauma recovery center shall be to decrease
13 psychosocial distress, minimize long-term disability, improve
14 overall quality of life, reduce the risk of future victimization, and
15 promote post-traumatic growth.

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

23 SEC. 4. Section 13963.3 is added to the Government Code, to
24 read:

25 13963.3. (a) Upon appropriation of funds from the Victim
26 Restitution Fund by the Legislature, the board shall enter into an
27 interagency agreement with the Trauma Recovery Center of ~~the~~
28 ~~Regents of the University of California, San Francisco,~~ to establish
29 the ~~UCSF-TRC~~ *State Pilot TRC* as the State of California's Trauma
30 Recovery Center of Excellence (TR-COE). This agreement shall
31 require:

32 (1) The board to consult with the TR-COE in developing
33 materials and criteria for grant applications pursuant to Section
34 13963.1.

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

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

39 (4) The TR-COE to assist by providing training materials,
40 technical assistance, and ongoing consultation to the board and to

1 each center to enable the grantees to replicate the evidence-based
2 approach.

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

6 (b) This section does not apply to the University of California
7 unless the Regents of the University of California, by appropriate
8 resolution, make this section applicable.