

AMENDED IN SENATE APRIL 26, 2016  
AMENDED IN SENATE MARCH 29, 2016

**SENATE BILL**

**No. 1404**

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**Introduced by Senator Leno**

February 19, 2016

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

LEGISLATIVE COUNSEL'S DIGEST

SB 1404, 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 State Pilot TRC when it provides grants to trauma recovery centers. This bill would also require the board to enter into an interagency agreement with the Trauma Recovery Center of the

University of California, San Francisco, to establish the 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. The bill would require the board to create an advisory committee to advise the board on matters pertaining to the administration of funds designated for use at trauma recovery centers, and criteria for awarding grants to trauma recovery centers.

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. The Legislature finds and declares all of the  
2 following:

3 (a) 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 (b) 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 Trauma Recovery Center (State Pilot TRC). The  
19 State Pilot TRC was established by the Legislature as a four-year  
20 demonstration project to develop and test a comprehensive model  
21 of care as an alternative to fee-for-service care reimbursed by  
22 victim restitution funds. It was designed to increase access for  
23 crime victims to these funds.

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

13 (d) California voters approved Proposition 47, known as the  
14 Safe Neighborhoods and Schools Act of 2014. The measure was  
15 enacted to ensure that prison spending is focused on violent and  
16 serious offenses to maximize alternatives for nonviolent and  
17 nonserious crimes and to invest the resulting savings into  
18 prevention and support programs.

19 (e) The Safe Neighborhoods and Schools Act of 2014 requires  
20 10 percent of the moneys in the Safe Neighborhoods and Schools  
21 Fund to be allocated to the California Victim Compensation  
22 Program to administer a grant program to establish trauma recovery  
23 centers modeled after the UCSF TRC.

24 (f) Systematic training, technical assistance, and ongoing  
25 standardized program evaluations are needed to ensure that all  
26 new state-funded trauma recovery centers are evidence-based,  
27 accountable, clinically effective, and cost effective.

28 (g) By creating the Trauma Recovery Center of Excellence, it  
29 is the intent of the Legislature that these services will be delivered  
30 in a clinically effective and cost-effective manner, and that the  
31 victims of crime in California will have increased access to needed  
32 services.

33 SEC. 2. Section 13963.1 of the Government Code is amended  
34 to read:

35 13963.1. (a) The Legislature finds and declares all of the  
36 following:

37 (1) Without treatment, approximately 50 percent of people who  
38 survive a traumatic, violent injury experience lasting or extended  
39 psychological or social difficulties. Untreated psychological trauma  
40 often has severe economic consequences, including overuse of

1 costly medical services, loss of income, failure to return to gainful  
2 employment, loss of medical insurance, and loss of stable housing.

3 (2) Victims of crime should receive timely and effective mental  
4 health treatment.

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

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

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

14 (2) Any other related criteria required by the board, including  
15 those developed pursuant to subdivision (c) of Section 13963.4.

16 (3) The trauma recovery center uses the core elements  
17 established in Section 13963.2.

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

22 (d) The board may award a grant providing funding for up to a  
23 maximum period of three years. Any portion of a grant that a  
24 trauma recovery center does not use within the specified grant  
25 period shall revert to the Restitution Fund. The board may award  
26 consecutive grants to a trauma recovery center to prevent a lapse  
27 in funding.

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

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

38 (2) Victims of a wide range of crimes, including, but not limited  
39 to, victims of sexual assault, domestic violence, physical assault,

1 shooting, stabbing, human trafficking, and vehicular assault, and  
2 family members of homicide victims.

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

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

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

14 (2) In compliance with federal statutes and rules governing  
15 federal matching funds for victims' services, each center shall  
16 submit any forms and data requested by the board to allow the  
17 board to receive the 60 percent federal matching funds for eligible  
18 victim services and allowable expenses.

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

22 (1) Mental health services.

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

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

27 (4) Services to family members and loved ones of homicide  
28 victims.

29 (5) A multidisciplinary staff of clinicians that includes  
30 psychiatrists, psychologists, social workers, case managers, and  
31 peer counselors.

32 SEC. 3. Section 13963.2 is added to the Government Code, to  
33 read:

34 13963.2. The Trauma Recovery Center at the San Francisco  
35 General Hospital, University of California, San Francisco, is  
36 recognized as the State Pilot Trauma Recovery Center (State Pilot  
37 TRC). The California Victim Compensation and Government  
38 Claims Board shall use the evidence-based Integrated Trauma  
39 Recovery Services (ITRS) model developed by the State Pilot TRC  
40 when it selects, establishes, and implements trauma recovery

1 centers pursuant to Section 13963.1. All ITRS programs funded  
2 through the Safe Neighborhoods and Schools Fund shall do all of  
3 the following:

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

12 (b) Serve victims of a wide range of crimes, including, but not  
13 limited to, victims of sexual assault, domestic violence, battery,  
14 crimes of violence, vehicular assault, human trafficking, as well  
15 as family members of homicide victims.

16 (c) Offer a structured evidence-based program of mental health  
17 and support services that provide victims with services that include  
18 intervention, individual and group treatment, medication  
19 management, substance abuse treatment, case management, and  
20 assertive outreach. This care shall be provided in a manner that  
21 increases access to services and removes barriers to care for victims  
22 of violent crime, such as providing services to a victim in his or  
23 her home, in the community, or other locations that may be outside  
24 the agency.

25 (d) Be comprised of a staff that includes a multidisciplinary  
26 team of integrated trauma clinicians made up of psychiatrists,  
27 psychologists, and social workers. A trauma clinician shall be  
28 either a licensed clinician or a supervised clinician engaged in  
29 completion of the applicable licensure process. Clinical supervision  
30 and other supports shall be provided to staff regularly to ensure  
31 the highest quality of care and to help staff constructively manage  
32 vicarious trauma they experience as service providers to victims  
33 of violent crime.

34 (e) Offer psychotherapy and case management that is  
35 coordinated through a single point of contact for the victim, with  
36 support from an integrated multidisciplinary trauma treatment  
37 team. All treatment teams shall collaboratively develop treatment  
38 plans in order to achieve positive outcomes for clients.

39 (f) Deliver services that include assertive case management.  
40 These services shall include, but are not limited to, accompanying

1 a client to court proceedings, medical appointments, or other  
2 community appointments as needed, case management services  
3 such as assistance in the completion and filing of an application  
4 for assistance to the California Victims' Compensation Program,  
5 the filing of police reports, assistance with obtaining safe housing  
6 and financial entitlements, providing linkages to medical care,  
7 providing assistance securing employment, working as a liaison  
8 to other community agencies, law enforcement, or other supportive  
9 service providers as needed.

10 (g) Ensure that no person is excluded from services solely on  
11 the basis of emotional or behavioral issues resulting from trauma,  
12 including, but not limited to, substance abuse problems, low-initial  
13 motivation, or high levels of anxiety.

14 (h) Adhere to established, evidence-based practices, including,  
15 but not limited to, motivational interviewing, harm reduction,  
16 seeking safety, cognitive behavioral therapy, dialectical behavior,  
17 and cognitive processing therapy.

18 (i) Maintain as a primary goal a decrease in psychosocial  
19 distress, minimize long-term disability, improve overall quality of  
20 life, reduce the risk of future victimization, and promote  
21 post-traumatic growth.

22 (j) Provide holistic and accountable services that ensure  
23 treatment shall be provided for up to 16 sessions. For those with  
24 ongoing problems and a primary focus on trauma, treatment may  
25 be extended after special consideration with the clinical supervisor.  
26 Extension beyond 32 sessions shall require approval by a clinical  
27 steering and utilization group that considers the client's progress  
28 in treatment and remaining need.

29 SEC. 4. Section 13963.3 is added to the Government Code, to  
30 read:

31 13963.3. (a) The board shall enter into an interagency  
32 agreement with the Trauma Recovery Center of the University of  
33 California, San Francisco, to establish the State Pilot TRC as the  
34 State of California's Trauma Recovery Center of Excellence  
35 (TR-COE). This agreement shall require:

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

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

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

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

8 (b) The board shall not spend more than 5 percent annually of  
9 the moneys appropriated to it from the Safe Neighborhoods and  
10 Schools Fund for administrative costs.

11 (c) The board shall, in compliance with Section 9795, annually  
12 report to the Legislature on the funding received from the Safe  
13 Neighborhoods and Schools Fund with a detailed summary of the  
14 programs funded by the moneys allocated to it from said fund.

15 (d) This section does not apply to the University of California  
16 unless the Regents of the University of California, by appropriate  
17 resolution, make this section applicable.

18 SEC. 5. Section 13963.4 is added to the Government Code, to  
19 read:

20 13963.4. (a) The board shall create an advisory committee to  
21 advise the board on matters pertaining to the administration of  
22 funds designated for use at trauma recovery centers.

23 (b) The advisory committee shall have the authority to make  
24 recommendations to the board related to regulations governing  
25 funds for trauma recovery centers that are administered by the  
26 board.

27 (c) The advisory committee shall have the authority to make  
28 recommendations to the board relating to the criteria for awarding  
29 grants to trauma recovery centers, including, but not limited to,  
30 any funds received from the Safe Neighborhoods and Schools  
31 Fund.

32 (d) The advisory committee shall be composed as follows:

33 (1) One representative from each trauma recovery center in  
34 California.

35 (2) Three services providers who are experts in the field of  
36 trauma recovery services, each representing a distinct geographic  
37 region within the state, including at least one provider who has  
38 significant experience in providing services to rural communities.

39 (3) Three people who have previously received or are the current  
40 recipients of services from a trauma recovery center.

1 (e) The advisory committee shall ~~have the authority to~~ convene  
2 public hearings for the purpose of acting on any of the authority  
3 delegated to it by this section.

4 (f) All meetings of the advisory committee shall be publicly  
5 noticed and a record of those hearings maintained.

6 (g) Nothing in this section shall prohibit, limit, or otherwise  
7 prevent the board from consulting with additional experts in the  
8 performance of the boards duties.

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