

AMENDED IN SENATE MAY 31, 2016
AMENDED IN SENATE APRIL 26, 2016
AMENDED IN SENATE MARCH 29, 2016

SENATE BILL

No. 1404

Introduced by Senator Leno

February 19, 2016

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

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

3 (c) The results of this four-year demonstration project have
4 established that the State Pilot TRC model was both clinically
5 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 State Pilot
9 TRC model increased the rate by which sexual assault victims
10 received mental health services from 6 percent to 71 percent,
11 successfully linked 53 percent to legal services, 40 percent to
12 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 (d) California voters approved Proposition 47, known as the
16 Safe Neighborhoods and Schools Act of 2014. The measure was
17 enacted to ensure that prison spending is focused on violent and
18 serious offenses to maximize alternatives for nonviolent and
19 nonserious crimes and to invest the resulting savings into
20 prevention and support programs.

21 (e) The Safe Neighborhoods and Schools Act of 2014 requires
22 10 percent of the moneys in the Safe Neighborhoods and Schools
23 Fund to be allocated to the California Victim Compensation
24 ~~Program to administer a grant program to establish trauma recovery~~
25 ~~centers modeled after the UCSF TRC. and Government Claims~~
26 *Board to make grants to trauma recovery centers to provide*
27 *services to victims of crime.*

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

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

37 SEC. 2. Section 13963.1 of the Government Code is amended
38 to read:

39 13963.1. (a) The Legislature finds and declares all of the
40 following:

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

7 (2) Victims of crime should receive timely and effective mental
8 health treatment.

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

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

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

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

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

22 (c) It is the intent of the Legislature to provide an annual
23 appropriation of two million dollars (\$2,000,000) per year from
24 the Restitution Fund.

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

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

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

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

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

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

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

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

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

24 (1) Mental health services.

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

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

29 (4) Services to family members and loved ones of homicide
30 victims.

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

34 SEC. 3. Section 13963.2 is added to the Government Code, to
35 read:

36 13963.2. The Trauma Recovery Center at the San Francisco
37 General Hospital, University of California, San Francisco, is
38 recognized as the State Pilot Trauma Recovery Center (State Pilot
39 TRC). The California Victim Compensation and Government
40 Claims Board shall use the evidence-based Integrated Trauma

1 Recovery Services (ITRS) model developed by the State Pilot TRC
2 when it selects, establishes, and implements trauma recovery
3 centers pursuant to Section 13963.1. All ITRS programs funded
4 through the Safe Neighborhoods and Schools Fund shall do all of
5 the following:

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

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

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

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

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

1 (f) Deliver services that include assertive case management.
2 These services shall include, but are not limited to, accompanying
3 a client to court proceedings, medical appointments, or other
4 community appointments as needed, case management services
5 such as assistance in the completion and filing of an application
6 for assistance to the California Victims' Compensation Program,
7 the filing of police reports, assistance with obtaining safe housing
8 and financial entitlements, providing linkages to medical care,
9 providing assistance securing employment, working as a liaison
10 to other community agencies, law enforcement, or other supportive
11 service providers as needed.

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

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

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

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

31 SEC. 4. Section 13963.3 is added to the Government Code, to
32 read:

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

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

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

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

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

10 (b) The board shall not spend more than 5 percent annually of
11 ~~the moneys appropriated to it from the Safe Neighborhoods and~~
12 ~~Schools Fund for administrative costs.~~ *of the total funds it receives*
13 *from the Safe Neighborhoods and Schools Fund on an annual*
14 *basis for administrative costs.*

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

19 (d) This section does not apply to the University of California
20 unless the Regents of the University of California, by appropriate
21 resolution, make this section applicable.

22 SEC. 5. Section 13963.4 is added to the Government Code, to
23 read:

24 13963.4. (a) The board shall create an advisory committee to
25 advise the board on matters pertaining to the administration of
26 funds designated for use at trauma recovery centers.

27 (b) The advisory committee shall have the authority to make
28 recommendations to the board related to regulations governing
29 funds for trauma recovery centers that are administered by the
30 board.

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

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

37 (1) One representative from each trauma recovery center in
38 California.

39 (2) Three services providers who are experts in the field of
40 trauma recovery services, each representing a distinct geographic

1 region within the state, including at least one provider who has
2 significant experience in providing services to rural communities.

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

5 (e) The advisory committee shall convene public hearings for
6 the purpose of acting on any of the authority delegated to it by this
7 section.

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

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

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