

AMENDED IN ASSEMBLY AUGUST 1, 2016

AMENDED IN SENATE MAY 31, 2016

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~~, *13963.2 and 13963.3 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 technical assistance provider to the board for the period between July 1, 2017, and June 30, 2019. The bill would require the board to select a trauma recovery center, through a competitive process, to be the technical assistance provider every 2 years thereafter and would require that provider to assist the board by 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. The bill would authorize the board to provide grants, upon appropriation by the Legislature, to the technical assistance provider, up to a specified amount. The bill would require the board, through a competitive process, to select a 3rd party evaluator to conduct a review of the effectiveness of the trauma resource center model and the work done by grant recipients with the trauma resource center funds.~~

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

1 and grantees collaborate with institutions with expertise in  
2 establishing and conducting evidence-based services.

3 (b) The Trauma Recovery Center at San Francisco General  
4 Hospital, University of California, San Francisco (UCSF TRC),  
5 is an award-winning, nationally recognized program created in  
6 2001 in partnership with the California Victim Compensation and  
7 Government Claims Board. The UCSF TRC is hereby recognized  
8 as the State Pilot Trauma Recovery Center (State Pilot TRC). The  
9 State Pilot TRC was established by the Legislature as a four-year  
10 demonstration project to develop and test a comprehensive model  
11 of care as an alternative to fee-for-service care reimbursed by  
12 victim restitution funds. It was designed to increase access for  
13 crime victims to these funds.

14 (c) The results of this four-year demonstration project have  
15 established that the State Pilot TRC model was both clinically  
16 effective and cost effective when compared to customary  
17 fee-for-service care. Seventy-seven percent of victims receiving  
18 trauma recovery center services engaged in mental health treatment,  
19 compared to 34 percent receiving customary care. The State Pilot  
20 TRC model increased the rate by which sexual assault victims  
21 received mental health services from 6 percent to 71 percent,  
22 successfully linked 53 percent to legal services, 40 percent to  
23 vocational services, and 31 percent to safer and more permanent  
24 housing. Trauma recovery center services cost 34 percent less than  
25 customary care.

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

32 (e) The Safe Neighborhoods and Schools Act of 2014 requires  
33 10 percent of the moneys in the Safe Neighborhoods and Schools  
34 Fund to be allocated to the California Victim Compensation and  
35 Government Claims Board to make grants to trauma recovery  
36 centers to provide services to victims of crime.

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

1 (g) ~~By creating the Trauma Recovery Center of Excellence,~~  
2 *providing assistance to the board in administering grants to trauma*  
3 *recovery centers,* it is the intent of the Legislature that these  
4 services will be delivered in a clinically effective and cost-effective  
5 manner, and that the victims of crime in California will have  
6 increased access to needed services.

7 SEC. 2. Section 13963.1 of the Government Code is amended  
8 to read:

9 13963.1. (a) The Legislature finds and declares all of the  
10 following:

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

17 (2) Victims of crime should receive timely and effective mental  
18 health treatment.

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

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

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

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

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

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

35 (d) The board may award a grant providing funding for up to a  
36 maximum period of three years. Any portion of a grant that a  
37 trauma recovery center does not use within the specified grant  
38 period shall revert to the Restitution Fund. The board may award  
39 consecutive grants to a trauma recovery center to prevent a lapse  
40 in funding.

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

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

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

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

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

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

26 (2) In compliance with federal statutes and rules governing  
27 federal matching funds for victims' services, each center shall  
28 submit any forms and data requested by the board to allow the  
29 board to receive the 60 percent federal matching funds for eligible  
30 victim services and allowable expenses.

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

34 (1) Mental health services.

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

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

39 (4) Services to family members and loved ones of homicide  
40 victims.

1 (5) A multidisciplinary staff of clinicians that includes  
2 psychiatrists, psychologists, social workers, case managers, and  
3 peer counselors.

4 SEC. 3. Section 13963.2 is added to the Government Code, to  
5 read:

6 13963.2. The Trauma Recovery Center at the San Francisco  
7 General Hospital, University of California, San Francisco, is  
8 recognized as the State Pilot Trauma Recovery Center (State Pilot  
9 TRC). The California Victim Compensation ~~and Government~~  
10 ~~Claims~~ Board shall use the evidence-based Integrated Trauma  
11 Recovery Services (ITRS) model developed by the State Pilot TRC  
12 when it selects, establishes, and implements trauma recovery  
13 centers pursuant to Section 13963.1. All ITRS programs funded  
14 through the Safe Neighborhoods and Schools Fund shall do all of  
15 the following:

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, members  
19 of immigrant and refugee groups, disabled, who have severe  
20 trauma-related symptoms or complex psychological issues, are of  
21 diverse ethnicity or origin, or are juvenile victims, including minors  
22 who have had contact with the juvenile dependency or justice  
23 system.

24 (b) Serve victims of a wide range of crimes, including, but not  
25 limited to, victims of sexual assault, domestic violence, battery,  
26 crimes of violence, vehicular assault, human trafficking, as well  
27 as family members of homicide victims.

28 (c) Offer a structured evidence-based program of mental health  
29 and support services that provide victims with services that include  
30 intervention, individual and group treatment, medication  
31 management, substance abuse treatment, case management, and  
32 assertive outreach. This care shall be provided in a manner that  
33 increases access to services and removes barriers to care for victims  
34 of violent crime, such as providing services to a victim in his or  
35 her home, in the community, or other locations that may be outside  
36 the agency.

37 (d) Be comprised of a staff that includes a multidisciplinary  
38 team of integrated trauma clinicians made up of psychiatrists,  
39 psychologists, and social workers. *Psychiatrists on this team may*  
40 *be on staff or on contract.* A trauma clinician shall be either a

1 licensed clinician or a supervised clinician engaged in completion  
2 of the applicable licensure process. Clinical supervision and other  
3 supports shall be provided to staff regularly to ensure the highest  
4 quality of care and to help staff constructively manage vicarious  
5 trauma they experience as service providers to victims of violent  
6 crime.

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

12 (f) Deliver services that include assertive case management.  
13 These services shall include, but are not limited to, accompanying  
14 a client to court proceedings, medical appointments, or other  
15 community appointments as needed, case management services  
16 such as assistance in the completion and filing of an application  
17 for assistance to the California Victims' Compensation Program,  
18 the filing of police reports, assistance with obtaining safe housing  
19 and financial entitlements, providing linkages to medical care,  
20 providing assistance securing employment, working as a liaison  
21 to other community agencies, law enforcement, or other supportive  
22 service providers as needed.

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

27 (h) Adhere to established, evidence-based practices, including,  
28 but not limited to, motivational interviewing, harm reduction,  
29 seeking safety, cognitive behavioral therapy, dialectical behavior,  
30 and cognitive processing therapy.

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

35 (j) Provide holistic and accountable services that ensure  
36 treatment shall be provided for up to 16 sessions. For those with  
37 ongoing problems and a primary focus on trauma, treatment may  
38 be extended after special consideration with the clinical supervisor.  
39 Extension beyond 32 sessions shall require approval by a clinical

1 steering and utilization group that considers the client's progress  
2 in treatment and remaining need.

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

5 13963.3. (a) The board shall enter into an interagency  
6 agreement with the Trauma Recovery Center of the University of  
7 California, San Francisco, to establish the State Pilot TRC as the  
8 State of California's Trauma Recovery Center of Excellence  
9 (TR-COE). ~~This agreement shall require: TRC as the technical~~  
10 *assistance provider to the board for the period between July 1,*  
11 *2017, and June 30, 2019. After June 30, 2019, and every two years*  
12 *thereafter, the board shall select a technical assistance provider*  
13 *through a competitive grant process. The technical assistance*  
14 *provider shall be a trauma recovery center that meets the*  
15 *requirements in subdivision (b) of Section 13963.1.*

16 ~~(1) The TR-COE to define the core elements of the~~  
17 ~~evidence-based practice.~~

18 *(b) The technical assistance provider shall receive a grant of*  
19 *no more than five hundred thousand dollars (\$500,000) per year*  
20 *from funds appropriated by the Legislature from the Restitution*  
21 *Fund pursuant to subdivision (c) of Section 13963.1.*

22 *(c) The technical assistance provider shall do all of the*  
23 *following:*

24 ~~(2) The board to consult with the TR-COE~~

25 *(1) Consult with the board to assist the board in the replication*  
26 *of the integrated trauma recovery services approach.*

27 ~~(3) The TR-COE to assist~~

28 *(2) Assist the board by providing training materials, technical*  
29 *assistance, and ongoing consultation to the board and to each center*  
30 *to enable the grantees to replicate the evidence-based approach.*

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

34 ~~(b)~~

35 *(d) (1) The board shall not spend more than 5 percent of the*  
36 *total funds it receives from the Safe Neighborhoods and Schools*  
37 *Fund on an annual basis for administrative costs.*

38 *(2) (A) From the funds received from the Safe Neighborhoods*  
39 *and Schools Fund and used for administrative costs, the board*  
40 *shall, through a competitive process and for a period not to exceed*

1 *three years, select and provide a grant for a third-party evaluator*  
2 *to conduct a review of the effectiveness of the trauma resource*  
3 *center model and the work done by grant recipients with trauma*  
4 *resource center funds.*

5 *(B) The evaluator shall consult with the technical assistance*  
6 *provider in its design of its evaluation.*

7 ~~(e)~~

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

12 ~~(f)~~

13 *(f) This section does not apply to the University of California*  
14 *unless the Regents of the University of California, by appropriate*  
15 *resolution, make this section applicable.*

16 ~~SEC. 5. Section 13963.4 is added to the Government Code, to~~  
17 ~~read:~~

18 ~~13963.4. (a) The board shall create an advisory committee to~~  
19 ~~advise the board on matters pertaining to the administration of~~  
20 ~~funds designated for use at trauma recovery centers.~~

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

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

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

31 ~~(1) One representative from each trauma recovery center in~~  
32 ~~California.~~

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

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

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