

**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 introduced, 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. (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 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.

24 (3) The results of this four-year demonstration project have  
25 established that the State Pilot TRC model was both clinically  
26 effective and cost effective when compared to customary  
27 fee-for-service care. Seventy-seven percent of victims receiving

1 trauma recovery center services engaged in mental health treatment,  
2 compared to 34 percent receiving customary care. The State Pilot  
3 TRC model increased the rate by which sexual assault victims  
4 received mental health services from 6 percent to 71 percent,  
5 successfully linked 53 percent to legal services, 40 percent to  
6 vocational services, and 31 percent to safer and more permanent  
7 housing. Trauma recovery center services cost 34 percent less than  
8 customary care.

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

15 (5) The Safe Neighborhoods and School Act requires 10 percent  
16 of the moneys in the Safe Neighborhoods and Schools Fund to be  
17 allocated to the California Victim Compensation Program to  
18 administer a grant program to establish trauma recovery centers  
19 modeled after the UCSF TRC.

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

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

29 SEC. 2. Section 13963.1 of the Government Code is amended  
30 to read:

31 13963.1. (a) The Legislature finds and declares all of the  
32 following:

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

39 (2) Victims of crime should receive timely and effective mental  
40 health treatment.

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

3 (b) The board shall award a grant only to a trauma recovery  
4 center that meets ~~both~~ *all* of the following criteria:

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

10 (2) Any other related criteria required by the ~~board~~: *board*,  
11 *including those developed pursuant to subdivision (c) of Section*  
12 *13963.4.*

13 (3) *The trauma recovery center uses the core elements*  
14 *established in Section 13963.2.*

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

19 ~~(d)~~

20 (c) The board may award a grant providing funding for up to a  
21 maximum period of three years. Any portion of a grant that a  
22 trauma recovery center does not use within the specified grant  
23 period shall revert to the ~~Restitution~~ *Safe Neighborhoods and*  
24 *Schools* Fund. The board may award consecutive grants to a trauma  
25 recovery center to prevent a lapse in funding. ~~The board shall not~~  
26 ~~award a trauma recovery center more than one grant for any period~~  
27 ~~of time.~~

28 ~~(e)~~

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

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

39 (2) Victims of a wide range of crimes, including, but not limited  
40 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)~~

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

8 ~~(g)~~

9 (f) 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)~~

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

25 (1) Mental health services.

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

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

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

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

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

37 13963.2. The Trauma Recovery Center at the San Francisco  
38 General Hospital, University of California, San Francisco, is  
39 recognized as the State Pilot Trauma Recovery Center (State Pilot  
40 TRC). The California Victim Compensation and Government

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

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

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

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

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

37 (e) Offer psychotherapy and case management that is  
38 coordinated through a single point of contact for the victim, with  
39 support from an integrated multidisciplinary trauma treatment

1 team. All treatment teams shall collaboratively develop treatment  
2 plans in order to achieve positive outcomes for clients.

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

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

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

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

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

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

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

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

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

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

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

12 (b) The board shall not spend more than 5 percent annually of  
13 the moneys appropriated to it from the Safe Neighborhoods and  
14 Schools Fund 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 have the authority to convene  
6 public hearings for the purpose of acting on any of the authority  
7 delegated to it by this 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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