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**AB-1384 Victims of violent crimes: trauma recovery centers.** (2017-2018)

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**Assembly Bill No. 1384**

**CHAPTER 587**

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

[ Approved by Governor October 08, 2017. Filed with Secretary of State October 08, 2017. ]

**LEGISLATIVE COUNSEL'S DIGEST**

AB 1384, Weber. Victims of violent crimes: trauma recovery centers.

Existing law requires the California Victim Compensation 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 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-informed Integrated Trauma Recovery Services model developed by the State Pilot TRC when it provides grants to trauma recovery centers.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

**THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:**

**SECTION 1.** The Legislature finds and declares all of the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Mental health services.

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

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

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

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

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

**13963.2.** The Trauma Recovery Center at the San Francisco General Hospital, University of California, San Francisco, is recognized as the State Pilot Trauma Recovery Center (State Pilot TRC). The California Victim Compensation Board shall use the evidence-informed Integrated Trauma Recovery Services (ITRS) model developed by the State Pilot TRC when it selects, establishes, and implements Trauma Recovery Centers (TRCs) pursuant to Section 13963.1. All TRCs funded through the Restitution Fund or Safe Neighborhoods and Schools Fund shall do all of the following:

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

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

(c) Offer evidence-based and evidence-informed mental health services and support services that include individual and group treatment, medication management, substance abuse treatment, case management, and assertive outreach. This care shall be provided in a manner that increases access to services and removes barriers to care for victims of violent crime, and may include providing services to a victim in his or her home, in the community, or at other locations conducive to maintaining quality treatment and confidentiality.

(d) Be comprised of a staff that includes a multidisciplinary team of clinicians made up of at least one psychologist, one social worker, and additional staff. Clinicians are not required to work full-time as a member of the multidisciplinary team. At least one psychiatrist shall be available to the team to assist with medication management, provide consultation, and assist with treatment to meet the clinical needs of the victim. The psychiatrist may be on staff or on contract. A clinician shall be either a licensed clinician or a supervised clinician engaged in completion of the applicable licensure process. Clinical supervision and other supports shall be provided to staff regularly to ensure the highest quality of care and to help staff constructively manage vicarious trauma they experience as service providers to victims of violent crime. Clinicians shall meet the training or certification requirements for the evidence-based practices they use.

(e) Offer mental health services and case management that are coordinated through a single point of contact for the victim, with support from an integrated multidisciplinary treatment team. Each client receiving mental health services shall have a treatment plan in place, which is periodically reviewed by the multidisciplinary team. Examples of primary treatment goals include, but are not limited to, a decrease in psychosocial distress, minimizing long-term disability, improving overall quality of life, reducing the risk of future victimization, and promoting post-traumatic growth.

(f) Deliver services that include assertive outreach and case management including, but not limited to, accompanying a client to court proceedings, medical appointments, or other appointments as needed, assistance with filing an application for assistance to the California Victim Compensation Board, filing police reports or filing restraining orders, assistance with obtaining safe housing and financial benefits, helping a client obtain medical care, providing assistance securing employment, and working as a liaison to other community agencies, law enforcement, or other supportive service providers as needed. TRCs shall offer outreach and case management services to clients without regard to whether clients choose to access mental health services.

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

(h) Utilize established, evidence-based and evidence-informed practices in treatment. These practices may include, but are not limited to, motivational interviewing, harm reduction, seeking safety, cognitive behavioral therapy, and trauma-focused cognitive processing therapy.

(i) Ensure that no person is excluded from services based on immigration status.