
SENATE COMMITTEE ON PUBLIC SAFETY

Senator Nancy Skinner, Chair

2017 - 2018 Regular

Bill No: AB 1384 **Hearing Date:** June 27, 2017
Author: Weber
Version: June 19, 2017
Urgency: No **Fiscal:** Yes
Consultant: SC

Subject: *Victims of Violent Crimes: Trauma Recovery Centers*

HISTORY

Source: Californians for Safety and Justice

Prior Legislation: SB 518 (Leno), held in Assembly Appropriations, 2015
SB 1404 (Leno), held in Assembly Appropriations, 2016
SB 71 (Budget and Fiscal Review), Ch. 28, Stats. 2013
SB 733 (Leno), failed passage on the Senate Floor, 2009
AB 1669 (Leno), vetoed, 2008
AB 50 (Leno), Ch. 884, Stats. 2007
AB 2491 (Jackson), Ch. 1016, Stats. 2000

Support: California Catholic Conference; California State Association of Counties;
Human Impact Partners; Social Justice Learning Institute; University of
California

Opposition: None known

Assembly Floor Vote: 73 - 2

PURPOSE

The purpose of this bill is to recognize the Trauma Recovery Center (TRC) at San Francisco General Hospital as the State Pilot TRC, and require the California Victims Compensation Board (Cal VCB) to use the model developed by this center when it awards grants to establish additional TRCs.

Existing law establishes the Cal VCB to operate the California Victim Compensation Program. (Gov. Code §§ 13950 et. seq.)

Existing law authorizes reimbursement to a victim for "[t]he medical or medical related expenses incurred by the victim." (Gov. Code § 13957, subd. (a)(1).)

Existing law provides that the board shall enter into an interagency agreement with the UCSF to establish a recovery center for victims of crime at the San Francisco General Hospital for comprehensive and integrated services to victims of crime, subject to conditions set by the board. The University Regents must approve the agreement. The

section shall only be implemented to the extent that funding is appropriated for that purpose. (Gov. Code § 13974.5.)

Existing law, enacted by the Safe Neighborhoods and Schools Act of 2014, does the following: (Gov. Code § 7599-7599.2.)

- Reclassifies controlled substance felony and alternate felony-misdemeanor crimes as misdemeanors, except for defendants convicted of a sex offense, a specified drug crime involving specified weight of volume of the drug, a crime where the defendant used or was armed with a weapon, a homicide, solicitation of murder and any crime for which the sentence is a life term.
- Requires the Director of Finance, beginning in 2016, to calculate the savings from the reduced penalties.
- Requires the Controller to transfer the amount of savings calculated by the Director of Finance from the General Fund to the Safe Neighborhoods and Schools Fund.
- The Controller then distributes the money in the fund according to the following formula:
 - 25% to the Department of Education for a grant program to public agencies to improve outcomes for kindergarten through high school students at risk of dropping out of school or are crime victims.
 - 10% to the Cal VCB to fund grants to TRCs.
 - 65% to the Board of State and Community Corrections for a grant program to public agencies for mental health and drug abuse treatment and diversion programs, with an emphasis on reducing recidivism.

This bill recognizes that the TRC at the San Francisco General Hospital, University of California, San Francisco, as the State Pilot TRC.

This bill requires the Cal VCB to use the evidence-informed Integrated Trauma Recovery Services (ITRS) model developed by the State Pilot TRC when it selects, establishes, and implements TRCs.

This bill requires all TRCs funded through the Restitution Fund or Safe Neighborhood and Schools Fund to do all of the following:

- 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.

- 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.
- 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, as provided.
- 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.
Specifically,
 - 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; and,
 - Clinicians shall meet the training or certification requirements for the evidence-based practices they use.
- 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, as specified.
- Deliver services that include assertive outreach and case management as needed. TRCs shall offer outreach and case management services to clients without regard to whether clients choose to access mental health services.
- 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.
- 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.
- Ensure that no person is excluded from services based on immigration status.

This bill states that the Cal VCB shall enter into an interagency agreement with the State Pilot TRC as the technical assistance provider to the board for the period between July 1, 2018, and June 30, 2020.

This bill states that after June 30, 2020, and every two years thereafter, the Cal VCB shall select a technical assistance provider, which shall be a TRC that meets the requirements specified, through a competitive grant process.

This bill provides that the technical assistance provider shall receive a grant of no more than \$400,000 per year from funds that may be appropriated by the Legislature from the Restitution Fund. The technical assistance provider shall be allowed indirect costs that do not exceed 5 percent of the technical assistance grant award.

This bill requires the technical assistance provider to do all of the following:

- Assist in the implementation of the ITRS model;
- Assist other TRCs by providing training materials, technical assistance, and ongoing consultation to enable the grantees to implement evidence-based and evidence-informed practices;
- Provide technical assistance to current TRC grantees, which shall include, but not be limited to, staff training and development of the ITRS model as well as program capacity building for grantees.

This bill states that the Cal VCB shall not spend more than 5 percent of the total funds it receives from the Safe Neighborhoods and Schools Fund on an annual basis for administrative costs.

This bill requires the Cal VCB to select and provide a grant, from the funds received from the Safe Neighborhoods and Schools Fund and used for administrative costs, for a third-party evaluator to conduct a review of the effectiveness of the trauma resource center model and the work done by grant recipients with trauma resource center funds.

This bill exempts the University of California from the provisions in this bill related to selecting a technical assistance provider unless the Regents of the University of California makes the bill applicable by appropriate resolution.

This bill makes several legislative findings and declarations, including:

- That 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.
- 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.

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

COMMENTS

1. Need for This Bill

According to the author:

Victims must navigate an often difficult and bureaucratic process in accessing state services, involving multiple agencies across different locations. For example, if a victim is ultimately approved for state support, they might have to wait three months or more to access victim compensation funds to help cover the costs of critical support services.

Without timely holistic support, victims often suffer long-term mental health challenges and struggle to take care of their families, maintain employment and retain stable housing. Free, holistic care that is easy to access could be life changing for many victims.

To address this pressing need, a grant program was established in 2013 to replicate a successful TRC in San Francisco. This program, housed at the VCB [Victims Compensation Board], funds \$2 million in grants annually.

The TRC treatment model was developed in 2001 to address the multiple barriers victims face recovering from crime. The TRC model utilizes a comprehensive, flexible approach that integrates three modes of service: assertive outreach, clinical case management, and evidence-based trauma-focused therapies.

Moreover, a multidisciplinary staff provides direct mental health services and health treatment while coordinating services with law enforcement and other social service agencies. All of these services are housed under one roof.

Survivors of crime who received services through the TRC saw significant increases in health and wellness. Seventy-four percent of those served showed an improvement in mental health, and 51% demonstrated an improvement in physical health.

TRC services have also improved community engagement and public safety. People who receive services at the TRC are 56% more likely to return to employment, 44% more likely to cooperate with the district attorney, and 69% more likely to generally cooperate with law enforcement. All of these benefits are provided at a 33% lower cost than traditional providers.

In order to ensure these same outstanding outcomes and savings, clear guidance around implementation of the TRC model must be added to the statute governing the grant program.

2. History of the TRC at San Francisco General Hospital

The TRC at San Francisco General Hospital was originally established pursuant to legislation passed in 2000. AB 2491 (Jackson, Chapter 1016, Statutes of 2000), among other provisions, required the Cal VCB (formerly the California Victims Compensation and Government Claims Board) to enter into an interagency agreement with the University of California, San Francisco, to establish a victims of crime recovery center at San Francisco General Hospital as a four year pilot project to demonstrate the effectiveness of providing comprehensive and integrated services to victims of crime, as an alternative to fee-for-service care reimbursed by the Victim Restitution funds. The goals of the TRC included improving the process of care for victims of crime by enhancing medical services for acute victims of sexual assault, linking victims to other services to facilitate recovery, and improving access to victim compensation funds.

In May 2004, the Cal VCB published its required report to the Legislature on the effectiveness of the victims of crime recovery center, and concluded that the TRC model provides a wider, more effective, range of services at a lower cost for trauma victims than the traditional fee-for-service mental health treatment programs. According to the report, the data demonstrated that this model of care is effective in engaging victims of crime with needed services, improving cooperation with law enforcement, reducing homelessness, facilitating return to work, reducing alcohol and drug abuse, and improving quality of life among victims of interpersonal violence.

3. Proposition 47 and Trauma Recovery Center Funding

On November 4, 2014, voters approved Proposition 47, titled the Safe Neighborhoods and Schools Act, which was placed on the ballot as a citizen's initiative. Proposition 47 made significant changes to the state's criminal justice system by reducing penalties for certain non-violent, nonserious drug and property crimes, and requiring that the resulting savings be spent on (1) mental health and substance abuse treatment services, (2) truancy and dropout prevention, and (3) victim services. To carry out its purpose, Proposition 47 established the Safe Neighborhood and Schools Fund, and required that by August 15 of each fiscal year, the Controller disburse moneys deposited into the Safe Neighborhood and Schools Fund as follows: 25% to the Department of Education to improve outcomes for pupils by reducing truancy and supporting students who are risk of dropping out or are victims of crime; 10% to the Cal VCB to make grants to TRCs to provide services to victims of crime; and, 65% to the Board of State and Community Corrections, to administer a grant program to public agencies, as specified.

According to the California Secretary of State's Web site, 59.6 % of voters approved Proposition 47. (See <<http://elections.cdn.sos.ca.gov/sov/2014-general/pdf/2014-complete-sov.pdf>> [as of June 19, 2017].) The purpose of the measure was "to maximize alternatives for nonserious, nonviolent crime, and to invest the savings generated from this act into prevention and support programs in K-12 schools, victim services, and mental health and drug treatment." (Ballot Pamp., Gen. Elec. (Nov. 4, 2014), Text of Proposed Laws, p. 70.) One of the ways the measure created savings was by requiring misdemeanor penalties instead of felonies for nonserious, nonviolent crimes like petty theft and drug possession for personal use, unless the defendant has prior convictions for specified violent crimes. (*Ibid.*)

5. Argument in Support

Californians for Safety and Justice, the sponsor of this bill, writes:

The Trauma Recovery Center model, pioneered in San Francisco in 2001, provides a comprehensive, flexible approach that integrates three modes of service – assertive outreach, clinical case management, and evidence-based trauma-focused therapies. This model is designed to meet the special needs of crime victims suffering from trauma by utilizing a multidisciplinary staff to provide direct mental health services and health treatment while coordinating services with law enforcement and other social service agencies – all under one roof. Survivors of crime who received services through the TRC saw huge increases in health and wellness – 74% show an improvement in mental health, and 51% demonstrate an improvement in physical health. TRC services also improved community engagement and public safety. People who receive services at the TRC are 56% more likely to return to employment, and people who receive services are 44% more likely to cooperate with the district attorney, and 69% more likely to cooperate with law enforcement.

In 2013, a grant program was created to replicate this successful TRC model in other parts of California. This program, housed at the Victim Compensation Board (VCB), totals \$2 million annually. These funds, coupled with savings realized by passage of the Safe Neighborhoods and Schools Act, offer California crime survivors in communities across California the opportunity to access high quality services for people recovering from traumatic events. AB 1384 will ensure that those services are consistent across the state while also helping new programs receive grants to build capacity to offer all the core services that are standard to TRCs.

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