
SENATE COMMITTEE ON PUBLIC SAFETY

Senator Loni Hancock, Chair

2015 - 2016 Regular

Bill No: SB 1404 **Hearing Date:** April 19, 2016
Author: Leno
Version: March 29, 2016
Urgency: No **Fiscal:** Yes
Consultant: JM

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

HISTORY

Source: Californians for Safety and Justice

Prior Legislation: SB 518 (Leno) 2015, Held in Assembly Appropriations
SB 71 (Budget and Fiscal Review) – Ch. 28, Stats 2013
SB 733 (Leno) (2010) – died on Senate Floor
AB 1669 (Leno) – 2007, vetoed
AB 50 (Leno) – Ch. 884, Stats. 2006
AB 1768 (Committee on Public Safety) – 2005, vetoed

Support: Crime Victims United of California; Fathers & Families of San Joaquin;
Natividad Medical Center; Two individuals

Opposition: None known

PURPOSE

The purpose of this bill is to 1) require the Victims Compensation and Government Claims Board (board) to use the evidence-based model developed by the University of California, San Francisco, General Hospital Trauma Recovery Center (UCSF TRC) when giving a grant to a Trauma Recovery Center (TRC); 2) require a TRC receiving a grant to meet specified statutory requirements and standards; 3) establish the UCSF TRC as the California Trauma Recovery Center of Excellence (TRC COE); 4) require the board to complete an interagency agreement with TRC COE in establishing core elements of an evidence-based TRC; and 5) specify procedures and policies for using funds designated for TRC programs from the Safe Schools and Neighborhoods Fund created through Proposition 47 in 2014.

Existing law creates the Victims of Crime Program, administered by the California Victim Compensation and Government Claims Board ("CVCGCB"), to reimburse victims of crime for the pecuniary losses they suffer as a direct result of criminal acts. Indemnification is made from the Restitution Fund, which is continuously appropriated to the board for these purposes. (Gov. Code §§ 13950-13968.)

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 CVCGB 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 includes the Safe Neighborhoods and Schools Act of 2014. As relevant to this bill, the act does the following:

- 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.
- The Controller transfers the amount of savings calculated by the Finance Director and transfers that amount 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 Victims of Crime Program to fund for 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. (Gov. Code § 7599-7599.2.)

This bill includes the following legislative findings:

- Systematic training, technical assistance and standardized evaluations are necessary to ensure that all new state-funded TRCs are evidence based, accountable, clinically effective and cost-effective.
- The creation of the Trauma Recovery Center of Excellence (TR-COE) is intended to make TRC services meet these standards
- California voters approved Proposition 47 – the Safe Neighborhoods and Schools Act of 2014 – to ensure that law enforcement resources are focused on violent crime and to invest savings from reduced penalties for drug possession and low-level theft crimes into prevention and support programs through the Safe Neighborhoods and Schools Fund.

- Proposition 47 requires that 10% of the Safe Neighborhoods and Schools Funds be allocated to the Victims Compensation Program to fund trauma recovery centers modeled on the UCSF TRC.

This bill provides that the VCP shall use the evidence-based Integrated Trauma Recovery Services (ITRS) model developed by the UCSF in establishing and funding TRCs. Programs using ITRS, as modified to apply to different populations, shall do or include the following:

- Serve and make reach out to victims unable to access traditional services. These include those who are homeless, mentally ill, of diverse ethnicity, immigrants and refugees, disabled, suffering from severe trauma and psychological symptoms or issues, juveniles, including juveniles who have been through the dependency or delinquency systems.
- Serve victims of a wide range of crimes, including sexual assault and other forms of violence.
- Use a structured evidence-based program of mental health and support services for victims of violence and family members of homicide victims. The services shall include crisis intervention, case management, individual and group treatment and shall be provided so as to increase access, including providing services in the community and the homes of clients.
- Employ multidisciplinary, integrated trauma specialists including psychiatrists, psychologists and social workers who are licensed clinicians or engaged in supervised completion of licensure. Clinical supervision and support shall be given to staff on a weekly basis.
- Psychotherapy shall be provided by a single point of client contact with a trauma specialist, with support from the team and a collaboratively developed treatment plan.
- Provide aggressive case management, including accompanying clients to treatment appointments, community appointments and court appearances. Case management shall include assisting clients in filing for victim compensation, police reports, housing assistance and other basic support needs.
- Clients shall not be excluded from treatment solely on the basis of “emotional or behavioral issues resulting from trauma, such as drug abuse, serious anxiety or low initial motivation.
- TRC services shall incorporate established, evidence-based practices, such as cognitive behavioral therapy, dialectical behavior and cognitive processing.
- TRC goals shall be to decrease psychological distress and improve long-term positive outcomes.
- Treatment shall be given for up to 16 sessions, with an extension for those with a “primary focus on trauma” after special consideration with a supervisor. Extensions beyond 32 sessions shall require the approval of a clinical steering group.

This bill provides that, upon legislative appropriation, the Victims Compensation Board (board) shall enter into an interagency agreement with TRC of the Regents of the University of California, San Francisco, to establish the UCSF TRC as the State of California’s Trauma Recovery Center of Excellence (TR- COE). The agreement shall require the following:

- The board shall consult with the TR-COE in developing language for grant application and criteria for reviewing grants.
- The TR-COE shall define an evidence-based practice.

- The TR-COE shall assist the board in providing training materials, technical assistance and provide ongoing consultation with the board.
- The TR-COE shall assist in designing a multisite evaluation for TRCs.

This bill provides that the University of California must agree to these provisions through a resolution.

RECEIVERSHIP/OVERCROWDING CRISIS AGGRAVATION

For the past several years this Committee has scrutinized legislation referred to its jurisdiction for any potential impact on prison overcrowding. Mindful of the United States Supreme Court ruling and federal court orders relating to the state's ability to provide a constitutional level of health care to its inmate population and the related issue of prison overcrowding, this Committee has applied its "ROCA" policy as a content-neutral, provisional measure necessary to ensure that the Legislature does not erode progress in reducing prison overcrowding.

On February 10, 2014, the federal court ordered California to reduce its in-state adult institution population to 137.5% of design capacity by February 28, 2016, as follows:

- 143% of design bed capacity by June 30, 2014;
- 141.5% of design bed capacity by February 28, 2015; and,
- 137.5% of design bed capacity by February 28, 2016.

In December of 2015 the administration reported that as "of December 9, 2015, 112,510 inmates were housed in the State's 34 adult institutions, which amounts to 136.0% of design bed capacity, and 5,264 inmates were housed in out-of-state facilities. The current population is 1,212 inmates below the final court-ordered population benchmark of 137.5% of design bed capacity, and has been under that benchmark since February 2015." (Defendants' December 2015 Status Report in Response to February 10, 2014 Order, 2:90-cv-00520 KJM DAD PC, 3-Judge Court, *Coleman v. Brown, Plata v. Brown* (fn. omitted).) One year ago, 115,826 inmates were housed in the State's 34 adult institutions, which amounted to 140.0% of design bed capacity, and 8,864 inmates were housed in out-of-state facilities. (Defendants' December 2014 Status Report in Response to February 10, 2014 Order, 2:90-cv-00520 KJM DAD PC, 3-Judge Court, *Coleman v. Brown, Plata v. Brown* (fn. omitted).)

While significant gains have been made in reducing the prison population, the state must stabilize these advances and demonstrate to the federal court that California has in place the "durable solution" to prison overcrowding "consistently demanded" by the court. (Opinion Re: Order Granting in Part and Denying in Part Defendants' Request For Extension of December 31, 2013 Deadline, NO. 2:90-cv-0520 LKK DAD (PC), 3-Judge Court, *Coleman v. Brown, Plata v. Brown* (2-10-14). The Committee's consideration of bills that may impact the prison population therefore will be informed by the following questions:

- Whether a proposal erodes a measure which has contributed to reducing the prison population;
- Whether a proposal addresses a major area of public safety or criminal activity for which there is no other reasonable, appropriate remedy;
- Whether a proposal addresses a crime which is directly dangerous to the physical safety of others for which there is no other reasonably appropriate sanction;

- Whether a proposal corrects a constitutional problem or legislative drafting error; and
- Whether a proposal proposes penalties which are proportionate, and cannot be achieved through any other reasonably appropriate remedy.

COMMENTS

1. Need for This Bill

According to the author:

Senate Bill 1404 will create clear guidelines for the provision of Trauma Recovery Center (TRC) services administered by the Victims Compensation & Government Claims Board (VCGCB) in California, as well as bolster training and technical assistance to new centers. By setting clear guidelines and providing training for new TRCs, this bill will ensure that victims of crime in California receive the comprehensive and timely services they need in order to heal, and to avoid negative economic consequences for themselves and their communities. The physical and psychological trauma experienced by victims of crime requires early treatment and comprehensive care. However, in California today, victims and survivors of crime often face significant hurdles in accessing the immediate and comprehensive support needed to recover adequately, and are often unaware that the state offers assistance for certain health and support services. In order to address this pressing need, a grant program to replicate the successful TRC pioneered by UC San Francisco was created in 2013. This program, housed at the VCGCB, funds \$2 million in grants annually. The TRC treatment model was developed in 2001 to address the multiple barriers victims face recovering from crime, and utilizes a comprehensive, flexible approach designed to meet the unique needs of crime victims suffering from trauma. TRCs utilize a multidisciplinary staff to provide direct mental health services and health treatment while coordinating services with law enforcement and other social service agencies, and all services are housed under one roof, with one coordinating point of contact for the victim. The TRC model has proven to be extremely successful, and since the grant program began, survivors of crime who received services through the TRC saw significant increases in health and wellness. 74% of those served showed an improvement in mental health, and 51% demonstrated an improvement in physical health. 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.

SB 1404 creates clear guidelines for the provision of TRC services administered by the Victims Compensation & Government Claims Board (VCGCB) in California. By setting clear guidelines and bolstering training for new trauma recovery centers, this bill will ensure that victims of crime in California receive the comprehensive and timely services they need in order to heal, and to avoid negative economic consequences for themselves and their communities. This bill will 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.

The physical and psychological trauma experienced by victims of crime requires early treatment and comprehensive care in order to avoid negative outcomes for the individual victim, as well as their families and communities. In California today, victims and survivors of crime often face significant hurdles in accessing the immediate and comprehensive support needed to recover adequately, and are often unaware that the state offers assistance for certain health and support services.

Victims must navigate an often difficult and bureaucratic process in accessing state services, involving multiple agencies across different locations. If a victim is ultimately approved for state support, they may wait 3 months or more to access victim's 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 would be life changing for many.

In order to address this pressing need, a grant program to replicate a successful TRC in San Francisco was created in 2013. This program, housed at the VCGCB, funds \$2 million in grants annually.

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 CVCGB 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 CVCGB Board 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. Expansion of TRC Model to Other Areas of State

SB 7 (Budget and Fiscal Review, Chapter 28, Statutes of 2013) created a \$2 million grant program within the CVCGB Board to expand the TRC concept to additional areas of the state. With this funding, in October of 2014 the CVCGB Board awarded grants to two TRCs: \$670,000 to the Downtown Women's Center in Los Angeles, and \$1.3 million to the California State

University at Long Beach. In May of 2015, three grants were awarded: \$426,341 to the Children's Nurturing Project in Fairfield, which partners with LIFT3 Support Group to provide a comprehensive system of care focused on domestic violence survivors; \$716,932 to Fathers and Families of San Joaquin, located in Stockton, partnering with the San Joaquin Behavioral Health Services to provide comprehensive mental health and recovery services to victims of crime; and, \$856,727 to the Special Service for Groups, which partners with the Homeless Outreach Program Integrated Care System to provide mental health services to underserved crime victims in south Los Angeles.

4. Proposition 47

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 SNS Fund, and required that by August 15 of each fiscal year, the Controller disburse moneys deposited into the SNS 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 CVCGC Board 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.

5. Legislative Analyst's Report

In March of 2015, the Legislative Analyst's Office released a report "Improving State Programs for Crime Victims" (LAO report). According to the LAO report, if appropriated structured, TRCs can provide a wide array of services to victims at a single location and can complement existing victim programs. The LAO recommended that the Legislature structure the TRC grants to ensure the funds are spent in an effective and efficient manner and to require the evaluation of TRC grant recipients and their outcomes. The LAO also recommended that the Legislature adopt statutory changes to allow TRCs to have formally recognized victim advocates, which would allow TRCs to have trained staff that can represent victims in their application for victim compensation funds, which would likely increase the approval rate. The LAO also recommended prioritizing TRC grants to regions that do not have a TRC, noting that there are many victims who do not have access to a TRC because they do not live in Los Angeles or San Francisco.

6. Research about Victim Recovery and the Community-Wide Harm Caused by Crime

The concerns of victims have become increasingly recognized over the past decades. The TRC model addresses what may be lacking in California's current approach to victims – healing the harm that comes to communities through the commission of crime. (The Culture of Control, Garland, Univ. of Chicago Press, 2001, pp. 11-12.) Arguably, the TRC program demonstrates that harm to the specific victim of a crime spreads through the community. This is especially true in relatively poor and marginal communities where residents have limited access to, and perhaps some discomfort with, medical care and counseling. A victim who loses a job because he or she is too traumatized to work may be the sole support for more than one generation of relatives. Younger relatives of such victims may stop attending school and become delinquent. Untreated victims may seek retribution, especially those who live in areas where the police are

not trusted. Retribution will lead to more victims. Untreated victims often turn to drugs and alcohol, which further damages the victim and his or her community.

Recent research shows that crime can be seen as equivalent to a disease process.¹ Recent studies have even shown that public health research methods can predict where and when violence will occur.² It is clear that crime, especially violent crime, causes trauma and stress, which often leads to depression and loss of employment, which in turn prevents crimes victim from adequately caring for their families, which leads to truancy, delinquency, illness and so on.³ Violent crime victims in minimally functioning communities typically rely on retaliation, not the justice system. In broken communities with gang problems, most residents do not trust the justice system. Law enforcement can be seen as an occupying or invading army, not a source of protection. Retaliation crimes create an increasing cycle of violence. The disease process spreads and essentially metastasizes.

The study on Adverse Childhood Experiences (ACE) jointly conducted by the Kaiser Foundation and the Centers for Disease control interviewed 17,000 Kaiser patients from 1995-1997.⁴ The landmark study showed that childhood abuse, neglect and exposure to trauma is clearly associated with a wide range of physical and mental health problems throughout a person's life. TRC programs can intervene or interrupt cycles of trauma and harm that plague high-crime communities.

7. Author's Amendments from Health Committee Hearing

At the suggestion of Senate Health Committee, the author proposes that the bill be amended at the hearing in this committee to do the following:

Existing law (reflected on Page 4, lines 24-27) states the intent of the Legislature to provide an annual appropriation of \$2 million, and requires all grants awarded by the CVCGC Board to be funded only from the Restitution Fund. However, now the Proposition 47 will be directing funds to TRCs from the SNS Fund, the bill should be amended to clarify that the \$2 million annual appropriation is from the Restitution Fund, and to delete the limitation that grants only be awarded from this fund, in order to allow for grants funded by the SNS Fund.

On Page 9, lines 12-13, this bill requires the newly created advisory committee to the CVCGC Board to "have the authority to convene public hearings" for the purpose of acting on any of its delegated authority. This provision should be clarified to actually require the advisory committee to convene public hearings, rather than just having the authority to do so.

-- END --

¹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2684449/>

² <http://msutoday.msu.edu/news/2012/homicide-spreads-like-infectious-disease/>

³ <http://www.ncbi.nlm.nih.gov/books/NBK262831/>

⁴ <http://www.cdc.gov/violenceprevention/acestudy/findings.html>