
SENATE COMMITTEE ON PUBLIC SAFETY

Senator Loni Hancock, Chair

2015 - 2016 Regular

Bill No: SB 518 **Hearing Date:** April 28, 2015
Author: Leno
Version: April 20, 2015
Urgency: No **Fiscal:** Yes
Consultant: JM

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

HISTORY

Source: Californians for Safety and Justice

Prior Legislation: 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: California Catholic Conference; California Attorneys for Criminal Justice;
University of California

Opposition: None known

PURPOSE

The purpose of this bill is to 1) to 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) to require a TRC receiving a grant to meet specified statutory requirements and standards; 3) to establish the UCSF TRC as the California Trauma Recovery Center of Excellence (TRC COE); and 4) to require the board to complete an interagency agreement with TRC COE in establishing core elements of an evidence-based TRC.

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

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.

COMMENTS

1. Need for This Bill

According to the author:

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 less than 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.

The Legislative Analyst's Office (LAO) estimates future additional funding for the TRC grant program at anywhere between \$10-20 million annually, stemming from language in Proposition 47 of 2014 that directed 10% of the savings realized from the proposition to this program. Proposition 47 was passed by nearly 60% of the California electorate, and the LAO has recommended that these savings be spent as effectively as possible. SB 518 will ensure just that, and is consistent with the recommendations of the LAO in their recent report "Improving State Programs for Victims of Crime."

2. Research About Victim Recovery and The Community-Wide Harm Caused by Crime

The concerns of victims have become increasingly recognized over the past decades. Penalties in a determinate sentencing system like California's have been informed greatly by victim

advocates. In addition, victim compensation has developed as an important response to crime which is rooted in a growing awareness of the impact of crime on victims.

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.

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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>