
THIRD READING

Bill No: SB 1003
Author: Eggman (D), et al.
Amended: 5/19/22
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 3/30/22

AYES: Pan, Melendez, Eggman, Gonzalez, Grove, Hurtado, Leyva, Limón, Roth, Rubio, Wiener

SENATE APPROPRIATIONS COMMITTEE: 7-0, 5/19/22

AYES: Portantino, Bates, Bradford, Jones, Kamlager, Laird, Wieckowski

SUBJECT: Trauma-Informed Care Training Certification Program

SOURCE: Prosecutors Alliance of California

DIGEST: This bill requires the California Department of Public Health to establish the Trauma-Informed Care (TIC) Training Certification Program for the purpose of certifying training programs.

ANALYSIS:

Existing law:

- 1) Permits the California Department of Public Health (CDPH) to perform various activities relating to the protection, preservation, and advancement of public health, as specified. [HSC §131085]
- 2) Establishes within CDPH the Office of Health Equity to, in part, align state resources, decisionmaking, and programs to achieve the highest level of health and mental health for all people, with special attention focused on those who have experienced socioeconomic disadvantage and historical injustice, including, but not limited to, vulnerable communities and culturally, linguistically, and geographically isolated communities, as well as to advise and assist other state departments in their mission to increase access to, and the

quality of, culturally and linguistically competent health and mental health care and services. [HSC §131019.5]

- 3) Establishes the California Victim Compensation Board (VCB) to operate the California Victim Compensation Program (VCP), which authorizes reimbursement to a victim for medical or medical-related expenses incurred by the victim. [GOV §13950, et seq.]
- 4) Requires the California Office of Emergency Services (Cal OES) to establish a statewide victim-assistance training program for the purpose of developing minimum training and selection standards, certifying training courses, and providing funding to enable local victim service providers to acquire the required training. [PEN §13835.10]
- 5) Requires Cal OES to provide grants to proposed and existing child sexual exploitation and child sexual abuse victim counseling centers and prevention programs, including programs for minor victims of human trafficking, as specified. States that a goal or purpose of the Cal OES is to ensure that all victims of sexual assault and rape receive comprehensive, quality services, and to decrease the incidence of sexual assault through school and community education and prevention programs. [PEN §13837]
- 6) Establishes the Office of the Surgeon General (OSG) within the California Health and Human Services Agency (CHHSA) to, in part, raise public awareness on and coordinate policies governing scientific screening and treatment for toxic stress and adverse childhood events (ACEs), and advise the Governor, the Secretary of the CHHSA, and policymakers on a comprehensive approach to address health issues and challenges, including toxic stress and ACEs, as effectively and early as possible. [HSC §438]

This bill:

- 1) Requires CDPH to establish the TIC Training Certification Program for the purpose of approving TIC training providers and certifying training programs.
- 2) Requires state or local agencies, nonprofit organizations, or educational institutions that choose to offer TIC training to certify its training program with CDPH.
- 3) Requires CDPH to certify TIC training programs that meet all of the following:
 - a) Provide a minimum of 40 hours of training;

- b) Teach the major tenets of TIC, as specified;
- c) Teach the guiding principles of TIC, including such things as establishing physical and emotional safety for survivors and loved ones, and recognizing signs and symptoms of trauma and its impacts;
- d) Ensure participants can demonstrate training objectives, such as advanced knowledge of trauma types and their impacts, awareness of skills for responding to victims of violence and crime, and knowledge of risk and symptoms of secondary trauma and self-care; and,
- e) Include such content as understanding the impact of childhood trauma and ACEs; the cycle of violence like risk factors, victimization, violence, and criminal behavior; and, developing and implementing trauma-informed policies, practices, and services for crime survivors, as specified.

Comments

- 1) *Author's statement.* According to the author, victim advocates play a crucial role in supporting survivors of violence as they navigate various systems of health care, courts, and more. They help with emotional support, crisis management, funeral planning, and so many other practical realities survivors face in their life after their trauma. To help build on this important work, this bill establishes a voluntary trauma-informed care training program to provide specific education on types of trauma, the effects on the brain and body, the impacts of childhood trauma, the cycles of violence, and other key topics to improve the services offered to survivors.
- 2) *Trauma-Informed Care.* The federal Substance Abuse and Mental Health Services Administration's (SAMHSA) website states that experiencing trauma, especially during childhood, significantly increases the risk of serious health problems, including chronic lung, heart, and liver disease, as well as depression, sexually transmitted diseases, tobacco, alcohol, and illicit drug abuse throughout life. Childhood trauma is also linked to increases in social service costs. Implementing trauma-informed approaches to care may help health care providers engage their patients more effectively, thereby offering the potential to improve outcomes and reduce avoidable costs for both health care and social services. Trauma-informed approaches to care shift the focus from "What's wrong with you?" to "What happened to you?" by:

- a) Realizing the widespread impact of trauma and understanding potential paths for recovery;
- b) Recognizing the signs and symptoms of trauma in individual clients, families, and staff;
- c) Integrating knowledge about trauma into policies, procedures, and practices; and,
- d) Seeking to actively resist re-traumatization (i.e., avoid creating an environment that inadvertently reminds patients of their traumatic experiences and causes them to experience emotional and biological stress).

TIC must involve both organizational and clinical practices that recognize the complex impact trauma has on both patients and providers. Well-intentioned health care providers often train their clinical staff in trauma-specific treatment approaches but neglect to implement broad changes across their organizations to address trauma. Widespread changes to organizational policy and culture need to be implemented for a health care setting to become truly trauma-informed. Organizational practices that recognize the impact of trauma reorient the culture of a health care setting to address the potential for trauma in patients and staff, while trauma-informed clinical practices address the impact of trauma on individual patients. SAMHSA states that changing both organizational and clinical practices to reflect the following core principles of a trauma-informed approach to care is necessary to transform a health care setting:

- a) Patient empowerment: using individuals' strengths to empower them in the development of their treatment;
- b) Choice: informing patients regarding treatment options so they can choose the options they prefer;
- c) Collaboration: maximizing collaboration among health care staff, patients, and their families in organizational and treatment planning;
- d) Safety: developing health care settings and activities that ensure patients' physical and emotional safety; and,
- e) Trustworthiness: creating clear expectations with patients about what proposed treatments entail, who will provide services, and how care will be provided.

- 3) *Cal OES*. Under existing law, Cal OES is required to establish a statewide victim-assistance training program for the purpose of developing minimum training and selection standards, certifying training courses, and providing funding to enable local victim service providers to acquire the required training. Cal OES is also required to establish an advisory committee to consult on the research and development of the training, selection, and equivalency standards. This advisory committee is also required to develop a course of training for district attorneys in the investigation and prosecution of sexual assault cases, child sexual exploitation cases, child sexual abuse cases, and sexual abuse cases involving victims with developmental disabilities. Current law further permits victim service agencies to establish training and selection standards that exceed the minimum standards established by Cal OES. Courses are required to include training in the unique emotional trauma experienced by victims of these crimes. Cal OES is also required to approve grants for child sexual exploitation and child sexual abuse victim counseling centers and prevention programs, including programs for minor victims of human trafficking. Grant awardees are required to provide services that include: crisis intervention, 24 hours per day, seven days per week; follow-up counseling services; in-person counseling, including group counseling; accompaniment services; advocacy services; information and referrals to victims and the general public; community education presentations; and, to the extent federal funding is made available, rape prevention presentations and self-defense programs.
- 4) *Trauma recovery centers (TRCs)*. In 2013, a grant program was established to replicate a successful TRC at San Francisco General Hospital. This program, housed at the VCB, 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 integrates three modes of service: assertive outreach, clinical case management, and evidence-based trauma-focused therapies. 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 people 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. AB 1384 (Weber, Chapter 587, Statutes of 2017) recognized the TRC at San Francisco

General Hospital as the State Pilot TRC and required the VCB to use the model developed by this center when it awards grants to establish additional TRCs. The VCB website states that TRCs provide trauma-informed mental health treatment and case management to underserved crime victims who may not be eligible for victim compensation or who may be fearful of reporting a crime to law enforcement.

- 5) *Trauma screenings and trauma-informed care provider trainings.* According to its website, the California Department of Health Care Services (DHCS), in partnership with the OSG, created a first-in-the-nation statewide effort to screen patients for ACEs that lead to trauma and the increased likelihood of ACEs-associated health conditions due to toxic stress. This initiative seeks to reduce ACEs and toxic stress by half in one generation. All providers are encouraged to receive training to screen patients for ACEs. By screening for ACEs, providers can better determine the likelihood a patient is at increased health risk due to a toxic stress response, which can inform patient treatment and encourage the use of trauma-informed care. Detecting ACEs early and connecting patients to interventions, resources, and other supports can improve the health and well-being of individuals and families. Since January 1, 2020, DHCS pays Medi-Cal providers \$29 per trauma screening for children and adults with Medi-Cal coverage, and in July 2020, providers were required to begin self-attesting that the training has been completed to be eligible to continue receiving Medi-Cal payment for conducting ACEs screenings. The ACEs Aware initiative offers Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs.
- 6) *Cal OES/VCB joint report.* In October 2018, Cal OES and VCB issued a report to the Governor and the Department of Finance titled “Victim Services in California: A Recommendation for Combining the State’s Victims’ Programs.” According to the report, since as early as 2002 various entities in the state have contemplated combining victim services programs, including the possibility of creating a single-state entity to oversee such programs, to ensure victims receive the services they need, as those needs have evolved over the years. Upon passage of the Budget Act of 2018, the state established the Consolidation Working Group, which examined the numerous studies, reports, and analyses conducted on victim services programs dating back to 2002; sought input from key stakeholders via a survey and facilitated input forums throughout California; and, surveyed other states and conferenced with leaders in Pennsylvania, New York, South Carolina, and Washington—states that offer different examples of coordination of victim assistance and compensation programs. While the report does not identify which entity would assume

ultimate responsibility for victim service programs, the report generally recommends a phased-in approach to consolidating Cal OES and VCB programs to ensure a smooth transition and to mitigate disruption to victim services, such as regular meetings between the two entities, cross training of staff at each entity, and representation of both entities on standing committees.

Related/Prior Legislation

AB 1384 (Weber, Chapter 587, Statutes of 2017) recognized the TRC at San Francisco General Hospital as the State Pilot TRC and required the VCB to use the model developed by this center when it awards grants to establish additional TRCs.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Senate Appropriations Committee, staff notes unknown, significant costs (hundreds of thousands to low million, General Fund). This bill clarifies the training program is to certify training programs for employees of victim-witness programs, sexual assault victim programs, and other community-based programs that offer services to victims of crime. The previous fiscal estimate remains applicable as the range reflects the possible approaches for CDPH to certify the programs. If the CDPH were to contract with Cal OES, which offers grants to similar entities, costs could be lower. To the extent CDPH would need to contract with external subject matter experts to create criteria to certify programs, costs could be potentially higher.

In addition, this bill requires CDPH to certify the programs, which a state or local agency, nonprofit organization, or educational institution voluntary chooses, CDPH would need to hire staff to develop and establish oversee and review applications. It is unknown whether there would be automation costs related to notifying providers of certification and tracking program certification expiration.

SUPPORT: (Verified 5/18/22)

Prosecutors Alliance of California (source)
Californians United for a Responsible Budget
Coalition to Abolish Slavery & Trafficking
County Behavioral Health Directors Association
Ella Baker Center for Human Rights
First Five Association of California
Initiate Justice
Project: Peacemakers, Inc
Steinberg Institute

OPPOSITION: (Verified 5/18/22)

None received

ARGUMENTS IN SUPPORT: The Prosecutors Alliance of California, sponsor of this bill, and other supporters state that victims' advocates engage with crime survivors who have been directly and indirectly affected by crime immediately following violent or traumatic events. The state-certified training currently provided to these advocates consists of only 30 minutes of training in TIC, a critical framework for establishing physical and emotional safety for crime survivors, building trust between survivors and service providers, and ensuring that survivors have agency in determining their own needs toward healing. To promote survivor-centered, evidence-based care, this bill will establish a voluntary 40-hour TIC Training Program to train advocates working with survivors of violence and crime. With providers and curriculum certified by CDPH, these programs will help advocates understand the effects of trauma and assist survivors in healing.

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