

Date of Hearing: June 28, 2022

ASSEMBLY COMMITTEE ON HEALTH

Jim Wood, Chair

SB 1003 (Eggman) – As Amended May 19, 2022

SENATE VOTE: 38-0

SUBJECT: Trauma-Informed Care Training Certification Program.

SUMMARY: Establishes the Trauma-Informed Care Training Certification (TCTC) Program within the Department of Public Health (DPH) to certify trauma-informed care training programs for entities that offer services to victims of crime. **Specifically**, this bill:

- 1) Requires DPH to establish the TCTC Program to certify trauma-informed care training programs for employees of victim-witness programs, sexual assault victim programs, and other community-based programs that offer services to victims of crime.
- 2) Requires a state or local agency, nonprofit organization, or educational institution that chooses to offer training as described in 1) above to certify its trauma-informed care training program with DPH.
- 3) Requires DPH to certify a trauma-informed care training program that meets all of the following criteria:
 - a) Provides a minimum of 40 hours of training, which can be conducted in-person or using remote technology;
 - b) Teaches the major tenets of trauma-informed care, including, but not limited to:
 - i) Understanding the prevalence and impact of trauma, including the effects on physical health, mental health, and behavior;
 - ii) Integrating knowledge about trauma and violence into policies, procedures, practices, and services, and,
 - iii) Avoiding retraumatization by engaging victims and survivors of crime and violence with nonjudgmental, responsive, and effective practices grounded in research.
 - c) Teaches the guiding principles of trauma-informed care, including, but not limited to:
 - i) Establishing physical and emotional safety for survivors and loved ones;
 - ii) Building trust between survivors and service providers;
 - iii) Recognizing the signs and symptoms of trauma and how it impacts people;
 - iv) Promoting survivor-centered, evidence-based care;
 - v) Ensuring collaboration and partnership with survivors to have agency in determining their own needs toward healing and recovery; and,
 - vi) Providing services and care that is grounded in survivors' intersecting identities of race, ethnicity, culture, gender, ability, and sexual identities.
 - d) Ensures participants can demonstrate all of the following training objectives:

- i) Advance knowledge of trauma types, impact of trauma, and effects of trauma;
 - ii) Awareness of skills for responding to victims of violence and crime;
 - iii) Understanding strategies for applying trauma-informed responses with survivors;
 - iv) Understanding antiracist and anti-oppression theory and cultural humility;
 - v) Knowledge of risk and symptoms of secondary trauma and self-care; and,
 - vi) Includes, but is not limited to, any of the following content:
 - (1) Types of trauma, including crime, violence, interpersonal violence, and mass casualties;
 - (2) Effects of trauma, including cognitive, affective, behavioral, and neurological effects of trauma;
 - (3) Understanding the impact of childhood trauma and adverse childhood experiences;
 - (4) The cycle of violence, including risk factors, victimization, violence, and criminal behavior;
 - (5) Crisis theory, safety planning, and effective responses to crimes, violence, interpersonal violence, and mass casualties;
 - (6) Developing and implementing trauma-informed policies, practices, and services for crime survivors, including immediate and short-term models and strategies;
 - (7) Anti-oppression, antiracism, and cultural humility theory and practice;
 - (8) How to support survivors in healing and recovery; and,
 - (9) Secondary trauma and self-care.
- 4) Finds and declares that victims, witnesses, and family members of those impacted by violent crime and mass casualty events experience deep trauma with impacts lasting their entire lives, and the failure to effectively treat and respond to trauma has resulted in chronic mental health disorders and contributed to community violence.

EXISTING LAW:

- 1) Establishes DPH which, among other functions, performs various activities relating to the protection, preservation, and advancement of public health.
- 2) Establishes within DPH 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.
- 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.
- 4) Requires the California Office of Emergency Services (CalOES) 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.

- 5) Requires CalOES 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 CalOES 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.
- 6) Establishes the Office of the Surgeon General (OSG) within the California Health and Human Services Agency (CHHSA) to, among other functions, 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 CHHSA, and policymakers on a comprehensive approach to address health issues and challenges, including toxic stress and ACEs, as effectively and early as possible.

FISCAL EFFECT: According to the Senate Appropriations Committee, unknown, significant costs (hundreds of thousands to low million, General Fund). The range reflects various implementation approaches. If DPH were to contract with the CalOES, state operations costs would be lower and would depend on whether DPH would need to contract with external subject matter experts (potentially low hundreds of thousands). However, if DPH were to establish its own program, DPH may need to hire staff to develop and establish a training curriculum and criteria for certifying providers, oversee and review applications, and incur automation costs related to notifying providers of certification expiration.

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** 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 would establish a certification process for voluntary trauma-informed care training programs 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) **BACKGROUND.**

- a) **Trauma informed care.** According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), 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:

- i) Realizing the widespread impact of trauma and understanding potential paths for recovery;

- ii) Recognizing the signs and symptoms of trauma in individual clients, families, and staff;
- iii) Integrating knowledge about trauma into policies, procedures, and practices; and,
- iv) 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).

Trauma-informed care 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 core principles of a trauma-informed approach to care is necessary to transform a health care setting.

- b) **CalOES.** Under existing law, CalOES 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. CalOES 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 CalOES. Courses are required to include training in the unique emotional trauma experienced by victims of these crimes. CalOES 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.
- c) **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.

- d) **CalOES/VCB joint report.** In October 2018, CalOES 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 CalOES 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.
- 3) **SUPPORT.** The Prosecutors Alliance of California (PAC) is the sponsor of this bill and states that victims’ advocates in prosecutors’ offices and community-based agencies across California provide direct services to tens of thousands of victims of crime each year. Their primary role is to assist victims in healing, provide information about the criminal justice system, support victims in applying for assistance through the VCP, and support victims in charged cases during the court process. The advocates engage with crime survivors who have been directly and indirectly affected by crime immediately following violent or traumatic events. PAC notes that the state-certified training currently provided to these advocates consists of only 30 minutes of training in Trauma-Informed Care, a critical framework for establishing physical and emotional safety for crime survivors, for building trust between survivors and service providers, and for ensuring that survivors have agency in determining their own needs toward healing. PAC concludes that in order to promote survivor-centered, evidence-based care, this bill will establish a voluntary forty-hour Trauma Informed Training Certification Program to train advocates working with survivors of violence and crime.
- 4) **RELATED LEGISLATION.** AB 2534 (Bryan) establishes the Survivor Support and Harm Prevention Pilot Program to be administered CHHSA to fund noncarceral, nonpunitive, prevention-oriented, and therapeutic programs that support survivors of crime and otherwise support individuals who have experienced violence or trauma of any nature. AB 2534 was held in the Assembly Appropriations Committee.

- 5) **PREVIOUS LEGISLATION.** AB 1384 (Weber), Chapter 587, Statutes of 2017, recognized the Trauma Recovery Center (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.
- 6) **POLICY COMMENT.** Given the various state entities that currently have a role in victims services, and CalOES's current responsibility for certifying training courses, as this bill moves forward, the author may wish to work with DPH and CalOES to clarify which agency would be best suited to certify trauma-informed care training programs for entities that offer services to victims of crime.

REGISTERED SUPPORT / OPPOSITION:**Support**

Prosecutors Alliance California (sponsor)
Californians United for a Responsible Budget
Coalition to Abolish Slavery & Trafficking (CAST)
County Behavioral Health Directors Association of California
Ella Baker Center for Human Rights
First 5 Association of California
Initiate Justice
National Association of Social Workers, California Chapter
Prosecutors Alliance California
Steinberg Institute
Tides Advocacy

Opposition

None on file.

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