

REFERENCE TITLE: **trauma recovery centers; grants**

State of Arizona
House of Representatives
Fifty-fifth Legislature
Second Regular Session
2022

HB 2594

Introduced by
Representative Toma

AN ACT

**AMENDING TITLE 36, ARIZONA REVISED STATUTES, BY ADDING CHAPTER 40;
RELATING TO HEALTH CARE.**

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Title 36, Arizona Revised Statutes, is amended by adding
3 chapter 40, to read:

4 CHAPTER 40

5 TRAUMA RECOVERY CENTERS

6 ARTICLE 1. GENERAL PROVISIONS

7 36-4001. Definitions

8 IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

9 1. "DEPARTMENT" MEANS THE DEPARTMENT OF HEALTH SERVICES.

10 2. "DIRECTOR" MEANS THE DIRECTOR OF THE DEPARTMENT.

11 3. "TRAUMA RECOVERY CENTER" MEANS A TREATMENT CENTER THAT PROVIDES
12 AT LEAST THE FOLLOWING RESOURCES, TREATMENTS AND RECOVERY SERVICES TO
13 CRIME VICTIMS:

14 (a) MENTAL HEALTH SERVICES.

15 (b) ASSERTIVE COMMUNITY-BASED OUTREACH AND CLINICAL CASE
16 MANAGEMENT.

17 (c) COORDINATION OF CARE AMONG MEDICAL AND MENTAL HEALTH CARE
18 PROVIDERS, LAW ENFORCEMENT AGENCIES AND OTHER SOCIAL SERVICES.

19 (d) SERVICES TO FAMILY MEMBERS OF HOMICIDE VICTIMS.

20 (e) A MULTIDISCIPLINARY STAFF OF CLINICIANS THAT INCLUDES
21 PSYCHIATRISTS, PSYCHOLOGISTS AND SOCIAL WORKERS AND MAY INCLUDE CASE
22 MANAGERS AND PEER COUNSELORS.

23 36-4002. Trauma recovery center fund; exemption; grants

24 A. THE TRAUMA RECOVERY CENTER FUND IS ESTABLISHED CONSISTING OF
25 LEGISLATIVE APPROPRIATIONS, GRANTS AND CONTRIBUTIONS. THE DIRECTOR SHALL
26 ADMINISTER THE FUND FOR THE PURPOSES PRESCRIBED IN THIS ARTICLE. MONIES
27 IN THE FUND ARE SUBJECT TO LEGISLATIVE APPROPRIATION AND ARE EXEMPT FROM
28 THE PROVISIONS OF SECTION 35-190 RELATING TO LAPSING OF APPROPRIATIONS.

29 B. THE DEPARTMENT, IN CONSULTATION WITH A NATIONAL ALLIANCE THAT
30 SUPPORTS TRAUMA RECOVERY CENTERS, SHALL ESTABLISH PRIORITIES FOR THE FUND.
31 THE DEPARTMENT SHALL SPEND MONIES IN THE FUND TO PROVIDE GRANTS TO TRAUMA
32 RECOVERY CENTERS.

33 36-4003. Trauma recovery centers; grant eligibility
34 requirements

35 TO BE ELIGIBLE TO RECEIVE A GRANT PURSUANT TO THIS ARTICLE, A TRAUMA
36 RECOVERY CENTER SHALL DO ALL OF THE FOLLOWING:

37 1. PROVIDE SERVICES THAT ARE SURVIVOR-CENTERED AND FOCUSED ON
38 ADDRESSING THE PSYCHOLOGICAL AND PSYCHOSOCIAL IMPACT OF TRAUMA, WITH
39 PRIMARY GOALS TO DECREASE PSYCHOSOCIAL DISTRESS, MINIMIZE LONG-TERM
40 DISABILITY, IMPROVE OVERALL QUALITY OF LIFE, REDUCE THE RISK OF FUTURE
41 VICTIMIZATION AND PROMOTE POSTTRAUMATIC GROWTH.

42 2. PROVIDE OUTREACH AND SERVICES TO CRIME VICTIMS WHO TYPICALLY ARE
43 UNABLE TO ACCESS TRADITIONAL SERVICES, INCLUDING:

44 (a) VICTIMS WHO ARE HOMELESS, CHRONICALLY MENTALLY ILL, MEMBERS OF
45 IMMIGRANT AND REFUGEE GROUPS AND PERSONS WITH DISABILITIES.

1 (b) VICTIMS WHO HAVE SEVERE TRAUMA-RELATED SYMPTOMS OR COMPLEX
2 PSYCHOLOGICAL ISSUES.

3 (c) VICTIMS WHO ARE OF DIVERSE ETHNICITY OR ORIGIN.

4 (d) JUVENILE VICTIMS, INCLUDING MINORS WHO HAVE HAD CONTACT WITH
5 THE JUVENILE DEPENDENCY OR JUSTICE SYSTEM.

6 3. SERVE VICTIMS OF A WIDE RANGE OF CRIMES, INCLUDING SEXUAL
7 ASSAULT, DOMESTIC VIOLENCE, BATTERY, CRIMES OF VIOLENCE, VEHICULAR ASSAULT
8 AND HUMAN TRAFFICKING, AND FAMILY MEMBERS OF HOMICIDE VICTIMS.

9 4. OFFER EVIDENCE-BASED AND EVIDENCE-INFORMED MENTAL HEALTH
10 SERVICES AND SUPPORT SERVICES THAT INCLUDE INDIVIDUAL AND GROUP TREATMENT,
11 MEDICATION MANAGEMENT, SUBSTANCE ABUSE TREATMENT, CASE MANAGEMENT AND
12 ASSERTIVE OUTREACH. THESE SERVICES SHALL BE PROVIDED IN A MANNER THAT
13 INCREASES ACCESS TO SERVICES AND REMOVES BARRIERS TO CARE FOR VICTIMS OF
14 VIOLENT CRIME AND MAY INCLUDE PROVIDING SERVICES TO A VICTIM IN THE
15 VICTIM'S HOME, IN THE COMMUNITY OR AT OTHER LOCATIONS CONDUCIVE TO
16 MAINTAINING QUALITY TREATMENT AND CONFIDENTIALITY.

17 5. BE COMPOSED OF A STAFF THAT INCLUDES A MULTIDISCIPLINARY TEAM OF
18 CLINICIANS MADE UP OF AT LEAST ONE PSYCHOLOGIST, ONE SOCIAL WORKER AND
19 ADDITIONAL STAFF. CLINICIANS ARE NOT REQUIRED TO WORK FULL TIME AS A
20 MEMBER OF THE MULTIDISCIPLINARY TEAM. AT LEAST ONE PSYCHIATRIST WHO IS
21 LICENSED IN THIS STATE SHALL BE AVAILABLE TO THE TEAM TO ASSIST WITH
22 MEDICATION MANAGEMENT, PROVIDE CONSULTATION AND ASSIST WITH TREATMENT TO
23 MEET THE CLINICAL NEEDS OF VICTIMS. THE PSYCHIATRIST MAY BE ON STAFF OR
24 ON CONTRACT. A CLINICIAN SHALL BE EITHER A LICENSED CLINICIAN OR A
25 SUPERVISED CLINICIAN ENGAGED IN COMPLETION OF THE APPLICABLE LICENSURE
26 PROCESS. CLINICAL SUPERVISION AND OTHER SUPPORTS SHALL BE PROVIDED TO
27 STAFF REGULARLY TO ENSURE THE HIGHEST QUALITY OF CARE AND TO HELP STAFF
28 CONSTRUCTIVELY MANAGE VICARIOUS TRAUMA THEY EXPERIENCE AS SERVICE
29 PROVIDERS TO VICTIMS OF VIOLENT CRIME. CLINICIANS SHALL MEET THE TRAINING
30 OR CERTIFICATION REQUIREMENTS FOR THE EVIDENCE-BASED PRACTICES THEY USE.

31 6. OFFER MENTAL HEALTH SERVICES AND CASE MANAGEMENT THAT ARE
32 COORDINATED THROUGH A SINGLE POINT OF CONTACT FOR VICTIMS, WITH SUPPORT
33 FROM AN INTEGRATED MULTIDISCIPLINARY TREATMENT TEAM. EACH CLIENT
34 RECEIVING MENTAL HEALTH SERVICES SHALL HAVE A TREATMENT PLAN IN PLACE THAT
35 IS PERIODICALLY REVIEWED BY THE MULTIDISCIPLINARY TEAM. EXAMPLES OF
36 PRIMARY TREATMENT GOALS INCLUDE A DECREASE IN PSYCHOSOCIAL DISTRESS,
37 MINIMIZING LONG-TERM DISABILITY, IMPROVING OVERALL QUALITY OF LIFE,
38 REDUCING THE RISK OF FUTURE VICTIMIZATION AND PROMOTING POSTTRAUMATIC
39 GROWTH.

40 7. DELIVER SERVICES THAT INCLUDE ASSERTIVE OUTREACH AND CASE
41 MANAGEMENT, INCLUDING ACCOMPANYING CLIENTS TO COURT PROCEEDINGS, MEDICAL
42 APPOINTMENTS OR OTHER APPOINTMENTS AS NEEDED, ASSISTING WITH FILING
43 APPLICATIONS FOR VICTIM ASSISTANCE, FILING POLICE REPORTS OR RESTRAINING
44 ORDERS, ASSISTING WITH OBTAINING SAFE HOUSING AND FINANCIAL BENEFITS,
45 HELPING CLIENTS OBTAIN MEDICAL CARE, ASSISTING WITH SECURING EMPLOYMENT
46 AND WORKING AS A LIAISON TO OTHER COMMUNITY AGENCIES, LAW ENFORCEMENT OR

1 OTHER SUPPORTIVE SERVICE PROVIDERS AS NEEDED. TRAUMA RECOVERY CENTERS
2 SHALL OFFER OUTREACH AND CASE MANAGEMENT SERVICES TO CLIENTS REGARDLESS OF
3 WHETHER A CLIENT CHOOSES TO ACCESS MENTAL HEALTH SERVICES.

4 8. ENSURE THAT NO PERSON IS EXCLUDED FROM SERVICES SOLELY BASED ON
5 EMOTIONAL OR BEHAVIORAL ISSUES RESULTING FROM TRAUMA, INCLUDING SUBSTANCE
6 ABUSE PROBLEMS, LOW INITIAL MOTIVATION OR HIGH LEVELS OF ANXIETY.

7 9. USE ESTABLISHED, EVIDENCE-BASED AND EVIDENCE-INFORMED PRACTICES
8 IN TREATMENT. THESE PRACTICES MAY INCLUDE MOTIVATIONAL INTERVIEWING, HARM
9 REDUCTION, SEEKING SAFETY, COGNITIVE BEHAVIORAL THERAPY AND TRAUMA-FOCUSED
10 COGNITIVE PROCESSING THERAPY.

11 10. PROVIDE ALL STAFF AND TRAINEES WITH REGULAR OPPORTUNITIES TO
12 LEARN AND PRACTICE CULTURAL HUMILITY SKILLS WITH EACH OTHER TO FOSTER A
13 CULTURE OF EQUITY AND LIFELONG LEARNING AND SKILLS-BUILDING.
14 ORGANIZATIONAL LEADERSHIP SHOULD INFUSE POLICIES AND PROTOCOLS WITH
15 TRAUMA-INFORMED PRINCIPLES AND LANGUAGE AND WORK TOWARD THE GOAL OF ENDING
16 SYSTEMIC INEQUITIES.

17 11. PROVIDE HOLISTIC AND ACCOUNTABLE SERVICES THAT ENSURE TREATMENT
18 IS PROVIDED FOR UP TO SIXTEEN SESSIONS. FOR THOSE WITH ONGOING PROBLEMS
19 AND A PRIMARY FOCUS ON TRAUMA, TREATMENT MAY BE EXTENDED AFTER
20 CONSIDERATION WITH THE CLINICAL SUPERVISOR. EXTENSION BEYOND THIRTY-TWO
21 SESSIONS REQUIRES APPROVAL BY A CLINICAL STEERING AND UTILIZATION GROUP
22 THAT CONSIDERS THE CLIENT'S PROGRESS IN TREATMENT AND REMAINING NEED.

23 36-4004. Annual report

24 ON OR BEFORE OCTOBER 1 OF EACH YEAR, THE DEPARTMENT SHALL PROVIDE AN
25 ANNUAL REPORT TO THE GOVERNOR, THE SPEAKER OF THE HOUSE OF REPRESENTATIVES
26 AND THE PRESIDENT OF THE SENATE THAT INCLUDES INFORMATION FROM EACH TRAUMA
27 RECOVERY CENTER THAT RECEIVES GRANT MONIES PURSUANT TO THIS ARTICLE ON THE
28 POPULATION SERVED. THE DEPARTMENT SHALL PROVIDE A COPY OF THE REPORT TO
29 THE SECRETARY OF STATE.

30 Sec. 2. Legislative findings

31 The Legislature finds and declares that:

32 1. Without treatment, approximately fifty percent of people who
33 survive a traumatic, violent injury experience lasting or extended
34 psychological or social difficulties. Untreated psychological trauma
35 often has severe economic consequences, including overuse of costly
36 medical services, loss of income, failure to return to gainful employment,
37 loss of medical insurance and loss of stable housing.

38 2. Victims of crime should receive timely and effective mental
39 health treatment.

40 3. The evidence-informed Integrated Trauma Recovery Services model,
41 used nationally by the Trauma Recovery Center model, first piloted at
42 San Francisco General Hospital, is recognized as a reliable,
43 cost-effective and proven model for the delivery and provision of services
44 to trauma victims and survivors of violent crime.

45 4. The State of Arizona is committed to providing for the welfare
46 of crime victims.