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

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

CHAPTER 40

TRAUMA RECOVERY CENTERS

ARTICLE 1. GENERAL PROVISIONS

36-4001. Definitions

IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

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

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

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

   (a) MENTAL HEALTH SERVICES.

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

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

   (d) SERVICES TO FAMILY MEMBERS OF HOMICIDE VICTIMS.

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

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

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

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

36-4003. Trauma recovery centers; grant eligibility requirements

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

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

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

   (a) VICTIMS WHO ARE HOMELESS, CHRONICALLY MENTALLY ILL, MEMBERS OF IMMIGRANT AND REFUGEE GROUPS AND PERSONS WITH DISABILITIES.
(b) VICTIMS WHO HAVE SEVERE TRAUMA-RELATED SYMPTOMS OR COMPLEX 
PSYCHOLOGICAL ISSUES.
(c) VICTIMS WHO ARE OF DIVERSE ETHNICITY OR ORIGIN.
(d) JUVENILE VICTIMS, INCLUDING MINORS WHO HAVE HAD CONTACT WITH 
THE JUVENILE DEPENDENCY OR JUSTICE SYSTEM.
3. SERVE VICTIMS OF A WIDE RANGE OF CRIMES, INCLUDING SEXUAL 
ASSAULT, DOMESTIC VIOLENCE, BATTERY, CRIMES OF VIOLENCE, VEHICULAR ASSAULT 
AND HUMAN TRAFFICKING, AND FAMILY MEMBERS OF HOMICIDE VICTIMS.
4. OFFER EVIDENCE-BASED AND EVIDENCE-INFORMED MENTAL HEALTH 
SERVICES AND SUPPORT SERVICES THAT INCLUDE INDIVIDUAL AND GROUP TREATMENT, 
MEDICATION MANAGEMENT, SUBSTANCE ABUSE TREATMENT, CASE MANAGEMENT AND 
ASSERTIVE OUTREACH. THESE SERVICES SHALL BE PROVIDED IN A MANNER THAT 
INCREASES ACCESS TO SERVICES AND REMOVES BARRIERS TO CARE FOR VICTIMS OF 
VIOLENT CRIME AND MAY INCLUDE PROVIDING SERVICES TO A VICTIM IN THE 
VICTIM’S HOME, IN THE COMMUNITY OR AT OTHER LOCATIONS CONDUCIVE TO 
MAINTAINING QUALITY TREATMENT AND CONFIDENTIALITY.
5. BE COMPOSED OF A STAFF THAT INCLUDES A MULTIDISCIPLINARY TEAM OF 
CLINICIANS MADE UP OF AT LEAST ONE PSYCHOLOGIST, ONE SOCIAL WORKER AND 
ADDITIONAL STAFF. CLINICIANS ARE NOT REQUIRED TO WORK FULL TIME AS A 
MEMBER OF THE MULTIDISCIPLINARY TEAM. AT LEAST ONE PSYCHIATRIST WHO IS 
LICENSED IN THIS STATE SHALL BE AVAILABLE TO THE TEAM TO ASSIST WITH 
MEDICATION MANAGEMENT, PROVIDE CONSULTATION AND ASSIST WITH TREATMENT TO 
MEET THE CLINICAL NEEDS OF VICTIMS. THE PSYCHIATRIST MAY BE ON STAFF OR 
ON CONTRACT. A CLINICIAN SHALL BE EITHER A LICENSED CLINICIAN OR A 
SUPERVISED CLINICIAN ENGAGED IN COMPLETION OF THE APPLICABLE LICENSURE 
PROCESS. CLINICAL SUPERVISION AND OTHER SUPPORTS SHALL BE PROVIDED TO 
STAFF REGULARLY TO ENSURE THE HIGHEST QUALITY OF CARE AND TO HELP STAFF 
CONSTRUCTIVELY MANAGE VICARIOUS TRAUMA THEY EXPERIENCE AS SERVICE 
PROVIDERS TO VICTIMS OF VIOLENT CRIME. CLINICIANS SHALL MEET THE TRAINING 
OR CERTIFICATION REQUIREMENTS FOR THE EVIDENCE-BASED PRACTICES THEY USE.
6. OFFER MENTAL HEALTH SERVICES AND CASE MANAGEMENT THAT ARE 
COORDINATED THROUGH A SINGLE POINT OF CONTACT FOR VICTIMS, WITH SUPPORT 
FROM AN INTEGRATED MULTIDISCIPLINARY TREATMENT TEAM. EACH CLIENT 
RECEIVING MENTAL HEALTH SERVICES SHALL HAVE A TREATMENT PLAN IN PLACE THAT 
IS PERIODICALLY REVIEWED BY THE MULTIDISCIPLINARY TEAM. EXAMPLES OF 
PRIMARY TREATMENT GOALS INCLUDE A DECREASE IN PSYCHOSOCIAL DISTRESS, 
MINIMIZING LONG-TERM DISABILITY, IMPROVING OVERALL QUALITY OF LIFE, 
REDUCING THE RISK OF FUTURE VICTIMIZATION AND PROMOTING POSTTRAUMATIC 
GROWTH.
7. DELIVER SERVICES THAT INCLUDE ASSERTIVE OUTREACH AND CASE 
MANAGEMENT, INCLUDING ACCOMPANYING CLIENTS TO COURT PROCEEDINGS, MEDICAL 
APPOINTMENTS OR OTHER APPOINTMENTS AS NEEDED, ASSISTING WITH FILING 
APPLICATIONS FOR VICTIM ASSISTANCE, FILING POLICE REPORTS OR RESTRAINING 
ORDERS, ASSISTING WITH OBTAINING SAFE HOUSING AND FINANCIAL BENEFITS, 
HELPING CLIENTS OBTAIN MEDICAL CARE, ASSISTING WITH SECURING EMPLOYMENT 
AND WORKING AS A LIAISON TO OTHER COMMUNITY AGENCIES, LAW ENFORCEMENT OR
OTHER SUPPORTIVE SERVICE PROVIDERS AS NEEDED. TRAUMA RECOVERY CENTERS SHALL OFFER OUTREACH AND CASE MANAGEMENT SERVICES TO CLIENTS REGARDLESS OF WHETHER A CLIENT Chooses TO ACCESS MENTAL HEALTH SERVICES.

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

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

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

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

36-4004. Annual report

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

Sec. 2. Legislative findings

The Legislature finds and declares that:

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

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

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

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