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Trauma Recovery Center



Transforming Trauma Services in the Public Sector

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EXECUTIVE SUMMARY

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A. EXECUTIVE SUMMARY

Background of the TRC. The Trauma Recovery Center (TRC) at San Francisco General Hospital/University of California, San Francisco was created in 2001 in partnership with the State of California Victim Compensation and Government Claims Board (VCP). The TRC is funded by Victim Restitution funds as enacted by Assembly Bill AB 1740 (Ducheny, Chapter 52, statutes of 2000) and Assembly Bill AB 2491 (Jackson, Chapter 1016, statutes of 2000).

The TRC is an award winning, nationally recognized program that is serving as a 4-year demonstration project. It is designed to not only increase access for crime victims to Victim Restitution Funds, but to also develop and test a more cost effective and alternative model of care than is currently offered through Victim Restitution Funds. The new model helps crime victims overcome the challenges of interpersonal violence and return to social and economic productivity by providing a range of mental health services, increasing cooperation with law enforcement, and increasing access to Victim Restitution Funds and other resources. This demonstration project includes a randomized treatment trial evaluating the clinical and cost effectiveness of the new model and systematic efforts to train other health care providers in the identification and treatment of traumatized individuals.

Project Impact and Achievements of the TRC. This report describes the TRC's achievements during its first 3-1/2 years of operation and summarizes preliminary results from the randomized treatment trial. In keeping with Governor Schwarzenegger's mandate that programs be accountable and cost effective, these data offer compelling evidence that the TRC is both clinically and cost effective. *The TRC's model is more cost-effective than the typical mental health services provided to victims of crime because it provides more a comprehensive, broader range of services at a slightly lower cost than the cost of fee-for-service care.* Results of the TRC's randomized trial provide clear evidence that the TRC is more effective in removing barriers to care and in engaging victims of crime with needed services. The TRC is also more effective in improving cooperation with law enforcement, reducing homelessness, facilitating return to work and improving quality of life among victims of interpersonal violence when compared to victims of crime not receiving TRC services.

In addition to providing direct services to victims of crime in San Francisco, the TRC has begun to transform public sector trauma services by serving as a resource on trauma treatment for victims of crime in the city, the state and beyond, by training other providers, offering support groups to California 9/11 survivors and by providing consultation to practitioners and researchers as far away as South Africa.

The data summarized below, and detailed in the full report, show how the TRC has (1) created a new, highly generalizable model of care, (2) improved the process of care and improved cooperation with law enforcement, (3) improved functioning and other outcomes for victims of crime, (4) objectively measured process and outcomes to show that the TRC is both effective and cost effective and (5) begun to transform public sector trauma services.

Recommendations. Governor Schwarzenegger and the State Legislature have mandated that State government be both accountable and cost effective, recommending that only programs that have met this standard of proof be funded. The TRC has clearly met this standard of proof. The TRC uses evidenced-based treatments

and objective measures of performance and outcomes demonstrate that the TRC is both clinically and cost effective. The TRC is less costly than the current fee-for-service system for providing mental health care to victims of crime. Given these austere fiscal times, it is more important than ever that the State of California continue to fund the TRC after the current funding ends in June 2005.

1. Creating a New Comprehensive Model of Care for Victims of Crime

Rationale for the TRC. The TRC's new comprehensive model of care for victims of crime is based on a broad body of evidence documenting that violence and trauma often have profound psychological consequences that are both devastating and enduring. Without effective treatment, approximately 50% of people who survive a traumatic, violent injury experience 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.

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1.1. Assertive outreach to link vulnerable victims of crime to needed services.

The TRC model provides needed services to eligible crime victims who are typically unable to access traditional services, including the homeless, the chronically mentally ill, culturally and ethnically diverse victims, immigrant and refugee groups, others with complex psychosocial problems and those with severe trauma-related symptoms.



1.2. Clinical case management to help patients cope with the impact of trauma.

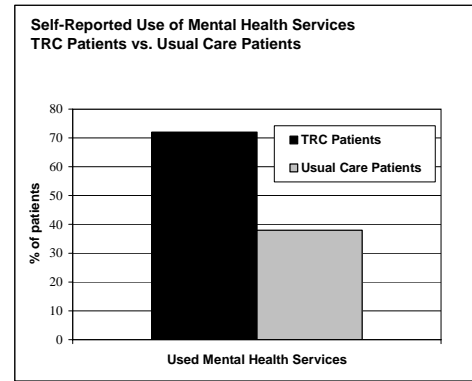
Clinical case management helps patients cope with the immediate and long term psychological and economic effects of traumatic victimization through assistance in accessing victim compensation funds, support in cooperating with law enforcement and linkage to housing, financial entitlements and other social service agencies.

1.3. Evidence-based trauma-focused mental health services to promote and sustain recovery. The TRC offers a wide range of evidence-based individual and group interventions. An appropriate service package is tailored to each patient's individual needs with the goal of promoting and sustaining emotional and functional recovery.

2. Improving the Process of Care for Victims of Crime

2.1. Assertive outreach increases identification and treatment of crime victims. Active outreach methods resulted in identifying 1,144 crime victims, with 854 crime victims being enrolled in clinical services at TRC.

2.2. Comprehensive care increases use of mental health services. For sexual assault victims, this new model of care dramatically increased the rate at which victims received follow-up mental health care from 6% to 71%. For other victims of interpersonal violence, 72% of crime victims randomized to TRC received mental health services, more than twice as many as victims receiving usual care (38%).



2.3. Enhanced medical services for sexual assault victims increase cooperation with law enforcement and reduce risk of HIV infection. Expanded medical services for acute victims of sexual assault have increased filing of police reports from 42% to 71% and increased completion of forensic medical exams from 42% to 96%. Primary and secondary prevention of HIV infection have also increased. Ninety percent of sexual assault victims treated by the TRC receive HIV counseling and testing, compared to 27% of victims treated at rape treatment centers nationwide. Post-exposure prophylaxis (PEP) appears helpful in lowering the risk of HIV infection following sexual assault. With the new TRC model, the rate of PEP counseling has increased from 57% to 90%.

2.4. Case management links victims of interpersonal violence to other services to facilitate recovery. The TRC's comprehensive, integrated model of care successfully linked 53% of patients to legal services (e.g. obtaining restraining orders, court accompaniment), 29% to vocational services, 31% to safer and more permanent housing, and 22% to other financial entitlements.

2.5. Coordinated care improves access and removes barriers to victim compensation funds. 77% of patients assigned to TRC, and who received mental health services, had victim compensation applications filed to qualify them for financial entitlements, whereas only 28% of usual care patients were linked to these entitlements.

3. Improving Outcomes for Victims of Crime

3.1. TRC services increase cooperation with law enforcement. The new TRC model resulted in a dramatic increase in police reports being filed by sexual assault victims. Police reports increased from 42% to 71% and the percentage of sexual assault victims agreeing to medical evidence collection increased from 42% to 96%. Amongst other crime victims (victims of shootings, stabbings and domestic violence), 25% more victims served by the TRC cooperated with police compared to usual care and 44% more victims served by the TRC cooperated with the District Attorney's Office when compared to usual care.

TRC services improve cooperation with police by 25% and cooperation with the DA's office by 44%.

3.2. TRC services significantly improve workforce participation. At twelve months post-trauma, TRC patients demonstrate 56% more improvement in returning to work when compared to usual care patients. Returning crime victims to

TRC services improve workforce participation by 56%.

the work force suggests a return to a higher level of functioning and economic stability and protects against a downward spiral into bankruptcy, loss of housing and loss of medical insurance. It also offers an economic offset against reliance on public services and produces increased revenues for the State in the form of income and other taxes.

3.3. TRC services reduce homelessness. At 12 months post-trauma, TRC patients demonstrate a *41% greater reduction in homelessness* when compared to usual care patients. Restoring safe housing to victims is an essential ingredient in treating traumatized individuals, preventing future victimization and improving quality of life for other citizens in the community.

3.4. TRC services improve functioning in victims of crime. Clinicians' end of treatment ratings show that 74% of TRC patients improved in mental health functioning, 51% improved in physical health functioning, 45% improved in role functioning (e.g., working, parenting), and 60% experienced improvements in their relationships with others. Of those with significant alcohol problems, 52% decreased or stopped drinking. Of those with drug problems, 55% decreased or stopped abusing drugs. In patients' self reports, 93% reported that treatment helped them feel better emotionally, 83% reported that treatment helped them cope better with their medical problems, 88% reported improvement in their day-to-day functioning, 90% reported improved relationships with family and friends, and 87% reported an improvement in dealing with their substance abuse problems.

4. Objectively Evaluating Performance

4.1. Results of a randomized treatment trial show that TRC services are more effective than usual care. Preliminary analyses show that TRC services are superior to usual care in increasing cooperation with law enforcement, improving workforce participation and reducing homelessness among victims of crime.

4.2. Cost comparisons show that TRC services are significantly more cost effective than the usual system of care. The new TRC model provides more comprehensive services than the fee-for-service (FFS) mental health providers who receive reimbursement from Victim Restitution funds and unlike FFS providers, the TRC utilizes objective performance measures and a performance based budget. A cost analysis demonstrates that TRC is less expensive and more cost effective when compared to FFS:

\$66.81 per unit of TRC services as compared to \$72.23 per unit for FFS providers calculated using the average hourly rate paid to providers and to \$67.48 per unit for FFS providers calculated using actual payments made in fiscal year 2003-2004.

The unit cost for each hour of TRC service is lower than the unit cost of fee-for-service mental health care.

4.3. Ongoing evaluation activities improve and maintain treatment quality. The TRC evaluates its own performance using objective performance measures through peer review, continuous quality improvement and program evaluation activities.

4.4. Systematic surveys show that patients are highly satisfied with TRC services. Patient satisfaction surveys revealed an extremely high level of satisfaction with the services provided. *Ninety-nine* percent reported that they were "moderately to

extremely satisfied" with the services provided and 97% reported that they would recommend the TRC to their friends and family.

5. Transforming Trauma Services in the Public Sector

5.1. Monitoring and prevention heighten awareness of drug facilitated sexual assaults. In cooperation with law enforcement, the TRC has created a database to systematically identify and track all drug facilitated sexual assaults treated at SFGH and the TRC. In partnership with law enforcement, the TRC has launched a major publicity and media campaign to educate the public about how to prevent drug facilitated sexual assaults.

5.2. Trauma treatment specialists aid California's response to terrorism. In response to the September 11 terrorist attacks, and at the request of the Victim Compensation Program, TRC clinicians have conducted monthly support groups for family members and survivors of 9/11, convening *32 day long* meetings in Northern and Southern California attended by more than 200 individuals.

5.3. Provider training increases the supply of needed trauma treatment specialists. Seventy-nine inservice trainings on the prevention, identification and treatment of interpersonal violence have been conducted with more than 2,416 health care providers, community workers and members of law enforcement. The TRC has also created a traumatic stress training and internship program for doctoral level psychology students, masters level social work students and medical students. *Trainees currently donate 192 hours a week in clinical services.*

5.4. Collaborative relationships heighten program effectiveness. The creation of the TRC reflects a unique collaboration among the State of California, the City and County of San Francisco and the University of California, San Francisco School of Medicine. This partnership demonstrates how interagency collaboration and synergy can reshape victims services in California. The TRC has also developed productive working relationships with numerous agencies and organizations, including the San Francisco Commission on the Status of Women, the San Francisco District Attorney's Office, San Francisco Police Department, the local Victim Services office, and multiple community agencies.

5.5. Randomized trial makes a unique scientific contribution to the trauma research field. By study completion, the TRC treatment trial will be the largest randomized, controlled, longitudinal study ever conducted on a public sector sample of victims of interpersonal violence. It offers the State of California a unique opportunity to influence the field of trauma and to improve understanding of the process of recovery from traumatic stress.

5.6. Dissemination efforts provide information on trauma treatment in the public sector. The TRC disseminates information and evidence on interpersonal violence to treatment providers, researchers and the public at large.

5.7. Treatment model is receiving local and national recognition. The San Francisco District Attorney's and Victim Services offices awarded the TRC an "Honoring Those Who Care" award for its work with crime victims. The TRC received the

***The National
Association of
Public Hospitals
awarded the TRC its
2004 National Safety
Net Award for
Patient Services.***

prestigious National Association of Public Hospitals' 2004 National Safety Net Award for Patient Services. The TRC is one of only two programs in the country to receive this award.

Summary and conclusion. Preliminary data convincingly show that the new model of care developed by the VCP and the SFGH/UCSF Trauma Recovery Center is both clinically effective and cost effective. The TRC model offers *more comprehensive, integrative* services, is *more accountable*, in that it uses evidence-based treatments and utilizes objective measures of performance and outcomes, and is *less costly* than the FFS system. Continued funding when the demonstration projects ends in June 2005 is clearly supported by this data.



Note: All photographs included in this report were taken with patients' written consent, by TRC staff member Oliver Saria, as part of the "Faces of Trauma" project. The "Faces of Trauma" project is described in section 5.6.1.