



State-Provided Crime Victim Services Do Not Meet the Mental Health Needs of California's Disadvantaged Crime Victims

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1. Background

Victimization by violent crime is associated with high individual and societal costs. Crime victims are at high risk for post-traumatic stress disorder (PTSD), a potentially disabling and chronic condition associated with further health, occupational, and interpersonal impairment. Early intervention is important to help victims deal with the consequences of violent crime and to prevent long-term disability. Early treatment is particularly important for disadvantaged victims, who are more likely to develop PTSD and other disorders following victimization, yet are less likely to seek or receive mental health services than are populations with more social and economic resources.

To help victims recover, federal and state governments provide direct services as well as special compensation programs to cover the costs of medical and mental health treatment, lost wages, and other expenses. California operates the largest crime victim program in the country, but it has repeatedly been found to be deficient. Independent and legislative analysts have advocated re-examining and/or restructuring California's victim services.

1.1 Purpose of This Report

The policy question addressed in this report is not whether state programs for crime victims should continue, but what form they should take to maximize the numbers of victims served. This report:

- Synthesizes recommendations from prior evaluations of victim services.
- Reviews a randomized treatment trial that compares crime victims assigned either to usual care under a claims-based model or to a non-claims-based model of care provided by the Trauma Recovery Center (TRC) at San Fran-

cisco General Hospital/University of California, San Francisco (SFGH/UCSF).

- Presents the results of data analyses supplemental to the original trial to specifically examine victims' access to compensation benefits and to trauma focused mental health, focusing on disadvantaged victims, who need the assistance most.
- Provides policymakers with information to better fund, structure, and deliver mental health services to California's disadvantaged victims.

1.2 Organizational Structure of California's Victim Services

California's services are supported by a mix of federal/state funds from restitution paid by criminal offenders. The administrative oversight and funding of more than \$245 million annually is spread across numerous departments and agencies: 11 departments, 4 cabinet-level agencies, the Governor's Office, 2 other constitutional offices, and at least 16 other entities. The three primary agencies for victim services are the Victim Compensation and Government Claims Board, the Office of Emergency Services, and the Department of Health Services.

2. Recent Evaluations of Victim Services

A number of studies have evaluated victim services. National and state studies found California's victim services to be deficient at multiple levels of service organization and delivery. These deficiencies can be grouped into four categories:

- **Administrative Organization and Oversight:** Victim services lack coordination and leadership, resulting in costly service duplication and widespread inefficiencies, limiting the quality and quantity of available services.
- **Access to the Victim Services System:** Victims have poor access to the system: over three-quarters are unaware of their eligibility for services. Those who know that services are available encounter multiple difficulties applying for benefits.

- **Access to Victim Benefits:** Victims who enter the system and file benefit applications encounter numerous difficulties—at the policy level (eligibility requirements) and the procedural level (application evaluation and communication with victims).
- **Access to Mental Health Services:** Early treatment helps victims deal with the consequences of violence and prevents long-term disability. Victims who are deemed eligible can obtain traditional, office-based psychotherapy. For some, this may be sufficient. However, these services, which are often fragmented and office-based, may not meet the complex psychosocial needs of many crime victims.

3. The SFGH/UCSF Trauma Recovery Center

The Trauma Recovery Center (TRC), located near San Francisco General Hospital, was funded from July 2001 through June 2005 as a demonstration project to develop and test a more cost-effective model of mental health care than is currently offered through victim restitution funds. Funding came from the State Restitution Fund as enacted by two Assembly bills. The demonstration project was a randomized treatment trial to identify barriers to care and evaluate its clinical and cost-effectiveness against the usual model of victim services. The TRC model addresses key problems in the current system by providing comprehensive services—including assertive outreach, case management, and trauma-focused psychotherapy—designed to increase access to the victim services system, victim benefits, and mental health care.

4. TRC Study and Randomized Treatment Trial

The centerpiece of the model is the randomized trial that compares the TRC to usual care under the current victim services system. Participants were identified in the Emergency Department and inpatient medical units while they were being treated for crime-related injuries. The research sample comprises 655 acute-care victims of crime. Five hundred forty-two participated in the randomized trial; 338 were randomized to TRC services and 204 to usual care. An additional 113 sexual assault victims who received TRC services were not randomized but did participate in the study. All participants completed baseline interviews and were invited back at 4, 8, and 12 months for follow-up interviews.

The sample was largely male, and more than half were members of ethnic minorities. Over one-third were homeless, and almost two-thirds unemployed. The median monthly income for the sample was very low (\$624), well below the poverty level for both individuals and families. Participants reported an average of five types of prior trauma (e.g., assault, child abuse, natural disasters, accidents) and high levels of traumatic stress symptoms. Although 40% were employed at the time of the crime, this subset comprised impoverished individuals who had multiple psychosocial needs related to housing, medical services, and vocational assistance.

Initial analyses of the randomized trial data indicate that, compared to usual care, the TRC model was both clinically and cost-effective. Compared to usual care clients:

- TRC clients were four times more likely to file Victim Compensation Program applications.
- 56% more TRC clients returned to employment.
- Homelessness was reduced 41% more among TRC clients.
- 44% more TRC clients cooperated with the District Attorney's office.

5. Effects of the TRC Model on Access to the Victim Services System, Victim Benefits, and Mental Health Services

We used data from TRC trial participants to thoroughly examine whether the TRC model successfully addressed barriers to service that were repeatedly identified in evaluations of the current victim services system—specifically, access to the victim services system, victim benefits, and mental health services. These analyses, in combination with the results of prior national and state level evaluations of victim services, were used to formulate the following policy implications and recommendations for improving victim services in California.

6. Policy Implications and Recommendations

We conclude that California is failing to provide responsible, accountable, and accessible services for some of the state's most vulnerable citizens: victims of violent crime. While these conclusions are critical of the current system, they are being advanced in hope that Governor Schwarzenegger's statement that

“justice cannot be served until victims are served” can become a California reality.

6.1 Administrative Organization and Oversight

Findings: The California system of victim services is fragmented, lacks cohesive leadership and oversight, has a top-heavy administrative structure, and has excessive overhead that reduces funds for victims. It is inefficient, with redundancy and duplication across numerous departments. This has led to duplication of services in some areas and lack of services in others. Services are generally poorly suited to meet the diverse needs of California crime victims.

Recommendation: Consolidate administration and oversight. As a number of prior evaluators suggest, victim services should be brought under a single agency, a newly formed Office of Victim Services. Consolidation would lead to greater coordination, less fragmentation and redundancy, and a positive fiscal impact due to improved efficiencies and a decrease in administrative overhead.

Recommendation: Restructure services to meet victims’ needs. The State and Consumer Services Agency Report of 2003 offers a thoughtful and comprehensive plan for restructuring services to meet victims’ needs. It should serve as a road map for needed structural change. The key recommendations are:

- Create a Victim Advisory Committee.
- Complete a statewide needs assessment.
- Develop an action plan to insure comprehensive statewide victims’ rights and services.
- Identify programmatic best practices that can be replicated statewide.

6.2 Access to the Victim Services System

Findings: Crime victims do not obtain access to the victim services system because the majority (77%) do not know that services are available. Application procedures are so complex that many victims need professional assistance to complete and submit the extensive documentation. Prior evaluations consistently found low-income victims were disadvantaged in obtaining victim services. These findings were confirmed in the TRC randomized trial.

Recommendation: Inform victims about service availability. Use direct outreach in multiple settings to insure that victims understand available benefits. The

TRC demonstrated that direct contact in acute-care hospital settings efficiently reaches victims injured in violent crimes. Outreach in different settings may identify other victims who are currently unaware of the services available to them.

Recommendation: Help victims apply for benefits and obtain case management. Provide assistance in completing and submitting applications for benefits. Provide comprehensive and effective clinical case management, similar to the TRC model, that takes into account language, literacy, homelessness, and PTSD’s impact on functioning.

Recommendation: Provide assertive, targeted assistance to disadvantaged victims—those most in need of services but least likely to obtain them. The TRC demonstrated that outreach helped disadvantaged victims in a public-sector hospital setting. Outreach in other settings serving disadvantaged populations would probably reach additional crime victims.

6.3 Access to Victim Benefits

Findings: National and state evaluations found that documentation requirements for claims are burdensome and a barrier to care, applications aren’t processed in timely fashion, and language and literacy barriers limit access. TRC data were similar and indicated that the most common denials of claims were related to police report problems. Victims may not report a crime due to embarrassment, shame, or fear of perpetrator retaliation. California Code states, “medical or mental health records may not be sufficient evidence that a qualifying crime occurred,” implying that medical records may be considered and may not be sufficient evidence of a qualifying crime. However, cases that have only medical documentation but no police report are often denied eligibility. Additionally, victim compensation applications/brochures are only in English and Spanish. Correspondence is legalistic, complex, and often incomprehensible.

Recommendation: Evaluate and modify eligibility and documentation requirements. The Victim Compensation Program (VCP) should develop medical/mental health guidelines on what constitutes sufficient evidence a crime has occurred, with claims reviewers trained on the revised guidelines. This will increase the likelihood that legitimate crime victims who are unable or unwilling to file

police reports are deemed eligible for services.

Recommendation: Streamline claims processing. The VCP should be commended for its efforts to improve its processing procedures, but delays occur while waiting for information from other state agencies. The VCP should be given access to other state databases to verify applicants' claims.

Recommendation: Improve communication with victims and reduce linguistic and cultural barriers. Applications, brochures, and correspondence should be in languages common among California residents, or provision be made for victims to communicate with the VCP in languages other than English. Letters should be written at a lower literacy level to be readily understandable, less legalistic, and consumer-friendly.

6.4 Access to Mental Health Services

Findings: Untreated psychological trauma has significant economic impact, resulting in overutilization of costly medical services; loss of medical insurance, stable housing, and income; and failure to return to gainful employment. The TRC study documents the high level of crime victims' treatment needs. The current system primarily refers victims to office-based fee-for-service clinicians. This meets the needs of some victims of violent crimes, but tends not to meet the complex psychosocial needs of many, or even most, victims. The TRC model—providing comprehensive services, including outreach and case management, that are not currently reimbursable—is more effective than the current system. Our data suggest that the added outreach and case management services were essential to the model's success.

Recommendation: Improve access to mental health services. Assertive outreach is essential to link crime victims to mental health services. The TRC model's integrated outreach with case management and psychotherapy has proven highly successful in an urban area.

Recommendation: Expand the mental health services available through the victim services system. The VCP should expand beyond office-based psychotherapy to include the community outreach and case management services that are essential to crime victims' recovery. An integrated model, similar to the TRC, with a full range of mental health and social services, is likely to provide the

most clinically and cost-effective care.

7. Fiscal and Policy Implications of Recommendations

Adoption of these recommendations will decrease overhead and improve efficiencies and accountability, with improved access and service quality for crime victims. Implemented strategically and adroitly, the recommendations can be achieved in a cost-effective manner. For example:

- Agency consolidation should lead to decreased overhead, increased accountability, and reduced service duplication and fiscal waste, with increased funds available for victims.
- Streamlining the claims process should result in administrative overhead cost-savings.
- The state needs to be proactive in maximizing federal funds. The creation of the Office of Victim Services will also create a cohesive and focused entity for seeking federal funds.
- Greater accountability will insure that federal dollars are maximized and that federal monies are not delayed due to poor fiscal oversight at the state level.
- State Restitution Fund revenues will be increased by a still greater effort to collect fines.
- Replication of the TRC model statewide may result in decreased costs, as it is more cost effective than the current system of care.
- The governor and the legislature should require that 10-15% of the State Restitution Fund reserves (\$127.4 million projected for FY 2007-8) fund the establishment of trauma recovery centers statewide, while mandating that 85-90% of the reserve be maintained.
- The legislature in coordination with the Governor's Office should convene public hearings as a catalyst for creating and implementing change in California's victim services system.

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