

AMENDED IN ASSEMBLY JULY 16, 2015

AMENDED IN SENATE APRIL 28, 2015

AMENDED IN SENATE APRIL 6, 2015

**SENATE BILL**

**No. 291**

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**Introduced by Senator Lara**

February 23, 2015

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An act to amend ~~Sections 127750 and~~ *Section* 131019.5 of the Health and Safety Code, and to amend Section 4060 of the Welfare and Institutions Code, relating to ~~mental~~ *public* health.

LEGISLATIVE COUNSEL'S DIGEST

SB 291, as amended, Lara. ~~Mental~~ *Public* health: vulnerable communities.

(1) ~~Existing law establishes the Office of Statewide Health Planning and Development and requires the office to prepare a Health Manpower Plan for California to establish standards for, and determine the adequacy of, policies relating to health care practitioners, including physicians, nurses, and dentists, to serve the needs of the state.~~

This bill would require the office to include the mental health needs of vulnerable communities, as defined, in the Health Manpower Plan.

(2)

(1) Existing law establishes the Office of Health Equity within the State Department of Public Health for the purposes of aligning state resources, decisionmaking, and programs to accomplish various goals relating to health, and requires the office to perform various duties specifically relating to vulnerable communities, as defined. *Existing law requires the office to establish a comprehensive, cross-sectoral strategic plan to eliminate health and mental health disparities and*

*inequities and to seek input from the public on the plan through an inclusive public stakeholder process.*

This bill would include individuals who have experienced trauma related to genocide in the definition of vulnerable ~~communities~~: *communities and would require representatives from vulnerable communities to be represented in the public stakeholder process for developing the office’s plan to eliminate health and mental health disparities.*

(3)

(2) Existing law requires the State Department of Health Care Services to provide, to the extent resources are available, technical assistance, through its own staff, or by contract, to county mental health programs and other local mental health agencies in the areas of program operations, research, evaluation, demonstration, or quality assurance projects. Existing law requires the department, to this end, to utilize a meaningful decisionmaking process that includes, among others, stakeholders as determined by the department.

This bill would require the department to include specified stakeholders from vulnerable communities in this process, including diverse racial, ethnic, cultural, and LGBTQQ communities, communities that experience trauma related to genocide, women’s health advocates, mental health advocates, health and mental health providers, community-based organizations and advocates, academic institutions, local public health departments, local government entities, and low-income and vulnerable consumers.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. ~~Section 127750 of the Health and Safety Code~~
- 2 ~~is amended to read:~~
- 3 127750. ~~The office shall prepare a Health Manpower Plan for~~
- 4 ~~California. The plan shall consist of at least the following elements:~~
- 5 (a) ~~The establishment of appropriate standards for determining~~
- 6 ~~the adequacy of supply in California of at least each of the~~
- 7 ~~following categories of health personnel: physicians, midlevel~~
- 8 ~~medical practitioners (physician’s assistants and nurse~~
- 9 ~~practitioners); nurses; dentists; midlevel dental practitioners (dental~~

1 nurses and dental hygienists); optometrists; optometry assistants;  
2 pharmacists; and pharmacy technicians.

3 ~~(b) A determination of appropriate standards for the adequacy  
4 of supply of the categories in subdivision (a) shall be made by  
5 taking into account all of the following: current levels of demand  
6 for health services in California; the capacity of each category of  
7 personnel in subdivision (a) to provide health services; the extent  
8 to which midlevel practitioners and assistants can substitute their  
9 services for those of other personnel; the likely impact of the  
10 implementation of a national health insurance program on the  
11 demand for health services in California; professionally developed  
12 standards for the adequacy of the supply of health personnel; and  
13 assumptions concerning the future organization of health care  
14 services in California.~~

15 ~~(c) A determination of the adequacy of the current and future  
16 supply of health personnel by category in subdivision (a) taking  
17 into account the sources of supply for such personnel in California,  
18 the magnitude of immigration of personnel to California, and the  
19 likelihood of the immigration continuing.~~

20 ~~(d) A determination of the adequacy of the supply of specialties  
21 within each category of health personnel in subdivision (a). The  
22 determination shall be made, based upon standards of appropriate  
23 supply to speciality developed, in accordance with subdivision  
24 (b).~~

25 ~~(e) Recommendations concerning changes in health manpower  
26 policies, licensing statutes, and programs needed to meet the state's  
27 need for health personnel.~~

28 ~~(f) All of the elements in subdivisions (a) to (e), inclusive, as  
29 appropriate, when addressing workforce education and training  
30 programs and activities and workforce shortages and deficits  
31 identified in the Workforce Needs Assessment for the purposes of  
32 meeting the mental health needs of vulnerable communities, as  
33 defined in subdivision (a) of Section 131019.5.~~

34 ~~(g) The Legislature finds and declares that the needs of  
35 vulnerable communities for mental health services are often unique  
36 because of the cultural, linguistic, and experiential circumstances  
37 of these communities and that unique solutions need to be  
38 considered for outreach, removal of the stigma for seeking  
39 assistance, and treatment of individuals in these vulnerable  
40 communities.~~

1     ~~SEC. 2.~~

2     SECTION 1. Section 131019.5 of the Health and Safety Code  
3 is amended to read:

4     131019.5. (a) For purposes of this section, the following  
5 definitions shall apply:

6     (1) “Determinants of equity” means social, economic,  
7 geographic, political, and physical environmental conditions that  
8 lead to the creation of a fair and just society.

9     (2) “Health equity” means efforts to ensure that all people have  
10 full and equal access to opportunities that enable them to lead  
11 healthy lives.

12     (3) “Health and mental health disparities” means differences in  
13 health and mental health status among distinct segments of the  
14 population, including differences that occur by gender, age, race  
15 or ethnicity, sexual orientation, gender identity, education or  
16 income, disability or functional impairment, or geographic location,  
17 or the combination of any of these factors.

18     (4) “Health and mental health inequities” means disparities in  
19 health or mental health, or the factors that shape health, that are  
20 systemic and avoidable and, therefore, considered unjust or unfair.

21     (5) “Vulnerable communities” include, but are not limited to,  
22 women, racial or ethnic groups, low-income individuals and  
23 families, individuals who are incarcerated and those who have  
24 been incarcerated, individuals with disabilities, individuals with  
25 mental health conditions, children, youth and young adults, seniors,  
26 immigrants and refugees, individuals who have experienced trauma  
27 related to genocide, individuals who are limited English proficient  
28 (LEP), and lesbian, gay, bisexual, transgender, queer, and  
29 questioning (LGBTQQ) communities, or combinations of these  
30 populations.

31     (6) “Vulnerable places” means places or communities with  
32 inequities in the social, economic, educational, or physical  
33 environment or environmental health and that have insufficient  
34 resources or capacity to protect and promote the health and  
35 well-being of their residents.

36     (b) The State Department of Public Health shall establish an  
37 Office of Health Equity for the purposes of aligning state resources,  
38 decisionmaking, and programs to accomplish all of the following:

39     (1) Achieve the highest level of health and mental health for all  
40 people, with special attention focused on those who have

1 experienced socioeconomic disadvantage and historical injustice,  
2 including, but not limited to, vulnerable communities; culturally,  
3 linguistically, and geographically isolated communities; and  
4 communities that have experienced trauma related to genocide.

5 (2) Work collaboratively with the Health in All Policies Task  
6 Force to promote work to prevent injury and illness through  
7 improved social and environmental factors that promote health  
8 and mental health.

9 (3) Advise and assist other state departments in their mission  
10 to increase access to, and the quality of, culturally and linguistically  
11 competent health and mental health care and services.

12 (4) Improve the health status of all populations and places, with  
13 a priority on eliminating health and mental health disparities and  
14 inequities.

15 (c) The duties of the Office of Health Equity shall include all  
16 of the following:

17 (1) Conducting policy analysis and developing strategic policies  
18 and plans regarding specific issues affecting vulnerable  
19 communities and vulnerable places to increase positive health and  
20 mental health outcomes for vulnerable communities and decrease  
21 health and mental health disparities and inequities. The policies  
22 and plans shall also include strategies to address social and  
23 environmental inequities and improve health and mental health.  
24 The office shall assist other departments in their missions to  
25 increase access to services and supports and improve quality of  
26 care for vulnerable communities.

27 (2) Establishing a comprehensive, cross-sectoral strategic plan  
28 to eliminate health and mental health disparities and inequities.  
29 The strategies and recommendations developed shall take into  
30 account the needs of vulnerable communities to ensure strategies  
31 are developed throughout the state to eliminate health and mental  
32 health disparities and inequities. This plan shall be developed in  
33 collaboration with the Health in All Policies Task Force. This plan  
34 shall establish goals and benchmarks for specific strategies in order  
35 to measure and track disparities and the effectiveness of these  
36 strategies. This plan shall be updated periodically, but not less than  
37 every two years, to keep abreast of data trends, best practices,  
38 promising practices, and to more effectively focus and direct  
39 necessary resources to mitigate and eliminate disparities and  
40 inequities. This plan shall be included in the report required under

1 paragraph (1) of subdivision (d). The Office of Health Equity shall  
2 seek input from the public on the plan through an inclusive public  
3 stakeholder ~~process~~. *process that includes representatives from*  
4 *vulnerable communities.*

5 (3) Building upon and informing the work of the Health in All  
6 Policies Task Force in working with state agencies and departments  
7 to consider health in appropriate and relevant aspects of public  
8 policy development to ensure the implementation of goals and  
9 objectives that close the gap in health status. The Office of Health  
10 Equity shall work collaboratively with the Health in All Policies  
11 Task Force to assist state agencies and departments in developing  
12 policies, systems, programs, and environmental change strategies  
13 that have population health impacts in all of the following ways,  
14 within the resources made available:

15 (A) Develop intervention programs with targeted approaches  
16 to address health and mental health inequities and disparities.

17 (B) Prioritize building cross-sectoral partnerships within and  
18 across departments and agencies to change policies and practices  
19 to advance health equity.

20 (C) Work with the advisory committee established pursuant to  
21 subdivision (f) and through stakeholder meetings to provide a  
22 forum to identify and address the complexities of health and mental  
23 health inequities and disparities and the need for multiple,  
24 interrelated, and multisectoral strategies.

25 (D) Provide technical assistance to state and local agencies and  
26 departments with regard to building organizational capacity, staff  
27 training, and facilitating communication to facilitate strategies to  
28 reduce health and mental health disparities.

29 (E) Highlight and share evidence-based, evidence-informed,  
30 and community-based practices for reducing health and mental  
31 health disparities and inequities.

32 (F) Work with local public health departments, county mental  
33 health or behavioral health departments, local social services, and  
34 mental health agencies, and other local agencies that address key  
35 health determinants, including, but not limited to, housing,  
36 transportation, planning, education, parks, and economic  
37 development. The Office of Health Equity shall seek to link local  
38 efforts with statewide efforts.

39 (4) Consult with community-based organizations and local  
40 governmental agencies to ensure that community perspectives and

1 input are included in policies and any strategic plans,  
2 recommendations, and implementation activities.

3 (5) Assist in coordinating projects funded by the state that  
4 pertain to increasing the health and mental health status of  
5 vulnerable communities.

6 (6) Provide consultation and technical assistance to state  
7 departments and other state and local agencies charged with  
8 providing or purchasing state-funded health and mental health  
9 care, in their respective missions to identify, analyze, and report  
10 disparities and to identify strategies to address health and mental  
11 health disparities.

12 (7) Provide information and assistance to state and local  
13 departments in coordinating projects within and across state  
14 departments that improve the effectiveness of public health and  
15 mental health services to vulnerable communities and that address  
16 community environments to promote health. This information shall  
17 identify unnecessary duplication of services.

18 (8) Communicate and disseminate information within the  
19 department and with other state departments to assist in developing  
20 strategies to improve the health and mental health status of persons  
21 in vulnerable communities and to share strategies that address the  
22 social and environmental determinants of health.

23 (9) Provide consultation and assistance to public and private  
24 entities that are attempting to create innovative responses to  
25 improve the health and mental health status of vulnerable  
26 communities.

27 (10) Seek additional resources, including in-kind assistance,  
28 federal funding, and foundation support.

29 (d) In identifying and developing recommendations for strategic  
30 plans, the Office of Health Equity shall, at a minimum, do all of  
31 the following:

32 (1) Conduct demographic analyses on health and mental health  
33 disparities and inequities. The report shall include, to the extent  
34 feasible, an analysis of the underlying conditions that contribute  
35 to health and well-being. The first report shall be due July 1, 2014.  
36 This information shall be updated periodically, but not less than  
37 every two years, and made available through public dissemination,  
38 including posting on the department's Internet Web site. The report  
39 shall be developed using primary and secondary sources of  
40 demographic information available to the office, including the

1 work and data collected by the Health in All Policies Task Force.  
2 Primary sources of demographic information shall be collected  
3 contingent on the receipt of state, federal, or private funds for this  
4 purpose.

5 (2) Based on the availability of data, including valid data made  
6 available from secondary sources, the report described in paragraph  
7 (1) shall address the following key factors as they relate to health  
8 and mental health disparities and inequities:

9 (A) Income security such as living wage, earned income tax  
10 credit, and paid leave.

11 (B) Food security and nutrition such as food stamp eligibility  
12 and enrollment, assessments of food access, and rates of access to  
13 unhealthy food and beverages.

14 (C) Child development, education, and literacy rates, including  
15 opportunities for early childhood development and parenting  
16 support, rates of graduation compared to dropout rates, college  
17 attainment, and adult literacy.

18 (D) Housing, including access to affordable, safe, and healthy  
19 housing, housing near parks and with access to healthy foods, and  
20 housing that incorporates universal design and visitability features.

21 (E) Environmental quality, including exposure to toxins in the  
22 air, water, and soil.

23 (F) Accessible built environments that promote health and  
24 safety, including mixed-used land, active transportation such as  
25 improved pedestrian, bicycle, and automobile safety, parks and  
26 green space, and healthy school siting.

27 (G) Health care, including accessible disease management  
28 programs, access to affordable, quality health and behavioral health  
29 care, assessment of the health care workforce, and workforce  
30 diversity.

31 (H) Prevention efforts, including community-based education  
32 and availability of preventive services.

33 (I) Assessing ongoing discrimination and minority stressors  
34 against individuals and groups in vulnerable communities based  
35 upon race, gender, gender identity, gender expression, ethnicity,  
36 marital status, language, sexual orientation, disability, and other  
37 factors, such as discrimination that is based upon bias and negative  
38 attitudes of health professionals and providers.

39 (J) Neighborhood safety and collective efficacy, including rates  
40 of violence, increases or decreases in community cohesion, and

1 collaborative efforts to improve the health and well-being of the  
2 community.

3 (K) The efforts of the Health in All Policies Task Force,  
4 including monitoring and identifying efforts to include health and  
5 equity in all sectors.

6 (L) Culturally appropriate and competent services and training  
7 in all sectors, including training to eliminate bias, discrimination,  
8 and mistreatment of persons in vulnerable communities.

9 (M) Linguistically appropriate and competent services and  
10 training in all sectors, including the availability of information in  
11 alternative formats such as large font, braille, and American Sign  
12 Language.

13 (N) Accessible, affordable, and appropriate mental health  
14 services.

15 (3) Consult regularly with representatives of vulnerable  
16 communities, including diverse racial, ethnic, cultural, and  
17 LGBTQQ communities, women’s health advocates, mental health  
18 advocates, health and mental health providers, community-based  
19 organizations and advocates, academic institutions, local public  
20 health departments, local government entities, and low-income  
21 and vulnerable consumers.

22 (4) Consult regularly with the advisory committee established  
23 by subdivision (f) for input and updates on the policy  
24 recommendations, strategic plans, and status of cross-sectoral  
25 work.

26 (e) The Office of Health Equity shall be organized as follows:

27 (1) A Deputy Director shall be appointed by the Governor or  
28 the State Public Health Officer, and is subject to confirmation by  
29 the Senate. The salary for the Deputy Director shall be fixed in  
30 accordance with state law.

31 (2) The Deputy Director of the Office of Health Equity shall  
32 report to the State Public Health Officer and shall work closely  
33 with the Director of Health Care Services to ensure compliance  
34 with the requirements of the office’s strategic plans, policies, and  
35 implementation activities.

36 (f) The Office of Health Equity shall establish an advisory  
37 committee to advance the goals of the office and to actively  
38 participate in decisionmaking. The advisory committee shall be  
39 composed of representatives from applicable state agencies and  
40 departments, local health departments, community-based

1 organizations working to advance health and mental health equity,  
 2 vulnerable communities, and stakeholder communities that  
 3 represent the diverse demographics of the state. The chair of the  
 4 advisory committee shall be a representative from a nonstate entity.  
 5 The advisory committee shall be established by no later than  
 6 October 1, 2013, and shall meet, at a minimum, on a quarterly  
 7 basis. Subcommittees of this advisory committee may be formed  
 8 as determined by the chair.

9 (g) An interagency agreement shall be established between the  
 10 State Department of Public Health and the State Department of  
 11 Health Care Services to outline the process by which the  
 12 departments will jointly work to advance the mission of the Office  
 13 of Health Equity, including responsibilities, scope of work, and  
 14 necessary resources.

15 ~~SEC. 3.~~

16 *SEC. 2.* Section 4060 of the Welfare and Institutions Code is  
 17 amended to read:

18 4060. The State Department of Health Care Services shall, in  
 19 order to implement Section 4050, utilize a meaningful  
 20 decisionmaking process that includes local mental health directors  
 21 and representatives of local mental health boards as well as other  
 22 stakeholders in vulnerable communities, including diverse racial,  
 23 ethnic, cultural, and LGBTQQ communities, communities that  
 24 experience trauma related to genocide, women’s health advocates,  
 25 mental health advocates, health and mental health providers,  
 26 community-based organizations and advocates, academic  
 27 institutions, local public health departments, local government  
 28 entities, and low-income and vulnerable consumers. The purpose  
 29 of this collaboration shall be to promote effective and efficient  
 30 quality mental health services to the residents of the state under  
 31 the realigned mental health system.