

AMENDED IN SENATE APRIL 12, 2016

AMENDED IN SENATE MARCH 28, 2016

**SENATE BILL**

**No. 1377**

---

**Introduced by Senator Nguyen**

(Principal coauthor: Assembly Member Brown)

**(Coauthors: Senators Bates, Fuller, Liu, and Runner)**

(Coauthors: Assembly Members Gallagher, Cristina Garcia, and Hadley)

February 19, 2016

---

An act to amend Section 4364.5 of the Welfare and Institutions Code, relating to mental health, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

SB 1377, as amended, Nguyen. Cognitively impaired adults: caregiver resource centers.

Existing law requires the Director of Health Care Services to, among other things, maintain or enter into contracts directly with nonprofit caregiver resource centers (CRCs) to provide direct services to caregivers of cognitively impaired adults, as defined, throughout the state. These services include, but are not limited to, specialized information, family consultation, respite care, short-term counseling, and support groups.

This bill would, each fiscal year, commencing with the 2016–17 fiscal year, appropriate \$3,300,000 from the General Fund to the State Department of Health Care Services for allocation to CRCs for the purpose of providing those respite care services. The bill would also authorize those services to be provided ~~both in-person and~~ *and, except for respite care services*, through the use of remote technologies.

Vote:  $\frac{2}{3}$ . Appropriation: yes. Fiscal committee: yes.  
State-mandated local program: no.

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

SECTION 1. Section 4364.5 of the Welfare and Institutions Code is amended to read:

4364.5. (a) The CRCs shall deliver services to and advocate for caregivers of cognitively impaired adults, as established in the CRC Operations Manual.

(b) These services shall include, but not be limited to, all of the following:

(1) Specialized information on chronic and disabling conditions and diseases, aging, caregiving issues, and community resources.

(2) Family consultation. Professional staff shall work with families and caregivers to provide support, alleviate stress, examine options, and enable them to make decisions related to the care of cognitively impaired adults. Clinical staff shall provide an assessment of caregiver needs, short- and long-term care planning, and ongoing consultation.

(3) (A) Respite care. The CRCs shall arrange respite care services to relieve caregivers of the stress of constant care.

(B) The sum of three million three hundred thousand dollars (\$3,300,000) is hereby appropriated from the General Fund each fiscal year, commencing with the 2016–17 fiscal year, to the State Department of Health Care Services for allocation to CRCs for the purpose of providing respite care services.

(4) Short-term counseling. The CRCs shall provide up to six one-hour individual counseling sessions to caregivers seeking emotional support, skill development, and strategies to better cope with their caregiving situation.

(5) Support groups. The CRCs shall offer support groups that enable caregivers to share experiences and ideas to ease the stress of their caregiving role.

(6) Legal and financial consultation, including professional legal assistance or referrals to professional legal assistance, that can help caregivers with a variety of issues, including estate planning, trusts, wills, conservatorships, and durable powers of attorney.

(7) Education and training. The CRCs shall organize and conduct education for groups of caregivers and community professionals on a variety of topics related to caregiving.

1 (c) The amount of each of the services specified in subdivision  
2 (b) that are provided shall be determined by local needs and  
3 available resources.

4 (d) CRC services may be provided ~~both in-person and~~ *and,*  
5 *except for respite care services,* through the use of remote  
6 technologies, including, but not limited to, web-based services,  
7 mobile applications, and telephone messaging services, in order  
8 to advance consumer choice in service delivery and to expand  
9 service in rural areas.

10 (e) Persons receiving services pursuant to this chapter may be  
11 required to contribute to the cost of services depending upon their  
12 ability to pay, but not to exceed the actual cost thereof.