

**Assembly Bill No. 1969**

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Passed the Assembly August 29, 2000

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*Chief Clerk of the Assembly*

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Passed the Senate August 28, 2000

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*Secretary of the Senate*

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This bill was received by the Governor this \_\_\_\_\_ day  
of \_\_\_\_\_, 2000, at \_\_\_\_\_ o'clock \_\_\_\_M.

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*Private Secretary of the Governor*



## CHAPTER \_\_\_\_\_

An act to add Sections 4044.5 and 5908.5 to the Welfare and Institutions Code, relating to mental health.

## LEGISLATIVE COUNSEL'S DIGEST

AB 1969, Steinberg. Mental health: housing.

Existing law requires the State Department of Mental Health, to the extent resources are available, to provide program development guidelines, evaluation models, and operational assistance on all aspects of services to mentally ill persons, including housing development.

Existing law authorizes, until January 1, 2001, counties to voluntarily participate in a pilot project for the operation of a shared mental health rehabilitation center to provide community care and treatment for persons with mental disorders who are placed in a state hospital or another health facility. Existing law requires the State Department of Mental Health to establish standards for the pilot project.

Existing law provides for the regulation of health facilities, including skilled nursing facilities, by the State Department of Health Services. Existing law requires that the regulations adopted by the department prescribe standards based on the type of health facility and the needs of the persons served. In this regard, the regulations set forth the requirements for a skilled nursing facility to provide special treatment programs to serve certain mentally ill patients.

This bill would require the State Department of Mental Health, in conjunction with the State Department of Health Services (1) to establish a long-term care mental health working group to develop a specific plan for the development of certain long-term care facilities that are able to provide diagnosis, treatment, and care of persons with mental diseases and (2) to develop a state-level plan for a streamlined and consolidated evaluation and monitoring program for the review of mental health



rehabilitation centers and skilled nursing facilities with special treatment programs.

The bill would require the long-term care mental health working group to provide a report with recommendations to the Legislature on or before January 1, 2002.

The bill would require the State Department of Mental Health to forward copies of any citations issued by the State Department of Health Services to a skilled nursing facility that has a special treatment program or to a mental health rehabilitation center, to the county in which the skilled nursing facility or mental health rehabilitation center is located.

Existing law sets forth procedures under which mental health services in skilled nursing facilities designated as institutions for mental disease are organized and financed.

This bill would require counties that contract for services from institutions for mental disease to establish a designated clinical quality support program, to the extent funds are made available from the state.

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

SECTION 1. The Legislature finds and declares as follows:

(a) There is a nexus between homelessness among the seriously mentally ill and adequate and affordable housing.

(b) Twenty-four-hour housing for the seriously mentally ill is a continuum that includes the following alternatives:

- (1) State hospital.
- (2) Institute for mental disease.
- (3) Mental health rehabilitation centers.
- (4) Board and care.
- (5) Supported living.
- (6) Independent living.

(c) The monitoring of living situations for the seriously mentally ill needs to include more than monitoring



“bricks and mortar,” square footage requirements, or local zoning regulations.

SEC. 2. Section 4044.5 is added to the Welfare and Institutions Code, to read:

4044.5. (a) (1) The State Department of Mental Health, in conjunction with the State Department of Health Services, shall establish a long-term care mental health working group that includes representatives of county mental health programs, consumers, family members of residents with mental disease who are in long-term care facilities, and long-term care providers.

(2) The long-term care mental health working group shall develop a specific plan for the development of long-term care facilities that are able to provide diagnosis, treatment, and care of persons with mental diseases, that are community-based, and serve no more than 16 persons. The plan shall include consideration of whether a new licensure category is needed and the specific elements of monitoring and evaluation that would be included in the development of a new licensure category. The long-term care mental health working group shall provide a report with recommendations to the Legislature on or before January 1, 2002.

(b) The State Department of Mental Health, in conjunction with the State Department of Health Services, shall develop a state-level plan for a streamlined and consolidated evaluation and monitoring program for the review of mental health rehabilitation centers and skilled nursing facilities with special treatment programs. The plan shall provide for consolidated reviews, reports, and penalties for these facilities. The plan shall include the cost of, and a timeline for, implementing the plan. The plan shall be developed in consultation with the long-term care mental health working group established pursuant to subdivision (a). The plan shall review resident safety and quality programming, ensure that long-term care facilities engaged primarily in the diagnosis, treatment, and care of persons with mental diseases are available and appropriately evaluated, and ensure that strong linkages are built to local communities



and other treatment resources for residents and their families. The plan shall be submitted to the Legislature on or before March 1, 2001.

(c) (1) On or before July 1, 2001, the department shall develop a mechanism that allows public access, including Internet access, to updated and accurate information to the general public and consumers regarding long-term care facilities licensed or certified by the department, including mental health rehabilitation centers and programs certified for a special treatment program. The information shall include all of the following:

(A) Facility profiles, with data on services provided, and ownership information. The profile for each facility shall include, but shall not be limited to, all of the following:

(i) The name, address, and telephone number of the facility. However, the address of any facility that serves six or fewer persons shall not be posted on the Internet.

(ii) The number of units or beds in the facility.

(iii) Whether the facility accepts Medicare or Medi-Cal patients.

(iv) Whether the facility is a for-profit or not-for-profit provider.

(B) Information regarding substantiated complaints, which shall include the plan of correction, if any, and the date of the plan and the status of the plan.

(C) Information regarding deficiencies found by the state in regular or complaint-generated reviews, the status of the deficiency, including the facility's plan of correction, and information as to whether an appeal has been filed.

(D) Any appeal resolution pertaining to a citation or complaint, which shall be updated on the file in a timely manner.

(2) The information shall include links for consumer access to website information maintained by the State Department of Health Services and to ombudsman services maintained by the state for long-term care services.



(3) The State Department of Mental Health shall, in consultation with the State Department of Health Services, ensure that the public access mechanism, including Internet access, specified in this subdivision:

(A) Does not duplicate unnecessarily data contained in any public access data system, including Internet access, established by the State Department of Health Services that contains licensing and certification data on health facilities.

(B) Provides links between any public access mechanisms established by the two departments and posted on the Internet when those links would reduce confusion for members of the public using the mechanisms.

(d) The State Department of Health Services shall forward copies of citations issued to a skilled nursing facility that has a special treatment program certified by the State Department of Mental Health to the State Department of Mental Health.

(e) The State Department of Mental Health shall forward copies of citations issued by the State Department of Health Services to a skilled nursing facility that has a special treatment program, as described in Section 51335 and Sections 72443 to 72475, inclusive, of Title 22 of the California Code of Regulations, to the county in which the skilled nursing facility is located. The department shall forward copies of deficiencies found by the state in reviews of special treatment programs for these facilities, the status of the deficiency, and the facility's plan of correction, to the county in which the facility is located. The department shall forward copies of deficiencies found by the state, issued to a mental health rehabilitation center, as described in Section 5675 of this code and Section 781.00 and following of Title 9 of the California Code of Regulations, to the county in which the mental health rehabilitation center is located.

SEC. 3. Section 5908.5 is added to the Welfare and Institutions Code, to read:

5908.5. To the extent designated funds are available from the state to do so, counties that contract for services



from any institutions for mental disease shall establish a clinical quality support program that includes the following elements:

(a) Regular visits by county clinical staff to assess the clinical needs of residents of institutions for mental disease placed by the county.

(b) Chart reviews by county clinical staff to ensure that the clinical needs of the residents are met, including, but not limited to, ancillary health care needs.

(c) Regular meetings with client case managers to assess service needs and outcomes.

(d) Clinical case consultation as needed by staff or consulting clinical staff of the institution for mental disease.



Approved \_\_\_\_\_, 2000

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*Governor*

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