

ASSEMBLY BILL

No. 398

Introduced by Assembly Members Monning and Chesbro

February 23, 2009

An act to amend Section 4354, 4357, and 4358.5 of the Welfare and Institutions Code, relating to acquired brain trauma.

LEGISLATIVE COUNSEL'S DIGEST

AB 398, as introduced, Monning. Acquired brain trauma: administration.

Existing law establishes the State Department of Mental Health and sets forth its powers and duties relating to the administration of programs for the delivery of mental health services, including, but not limited to, establishing the department as the agency responsible for administering a program of services for persons with acquired traumatic brain injury, as defined.

Existing law establishes the Department of Rehabilitation and sets forth its powers and duties relating to rehabilitation services, including, but not limited to, duties related to the delivery of services for persons with acquired traumatic brain injury.

This bill would remove the State Department of Mental Health as the agency responsible for administering the program of services for persons with acquired traumatic brain injury, would, instead, establish the Department of Rehabilitation as the responsible agency, and would make conforming changes.

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

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

SECTION 1. Section 4354 of the Welfare and Institutions Code is amended to read:

4354. For purposes of this chapter, the following definitions shall apply:

(a) “Acquired traumatic brain injury” is an injury that is sustained after birth from an external force to the brain or any of its parts, resulting in cognitive, psychological, neurological, or anatomical changes in brain functions.

(b) “Department” means the State Department of ~~Mental Health Rehabilitation~~.

(c) “Director” means the Director of ~~Mental Health Rehabilitation~~.

(d) (1) “Vocational supportive services” means a method of providing vocational rehabilitation and related services that may include prevocational and educational services to individuals who are unserved or underserved by existing vocational rehabilitation services.

(2) “Extended supported employment services” means ongoing support services and other appropriate services that are needed to support and maintain an individual with an acquired traumatic brain injury in supported employment following that individual’s transition from support provided as a vocational rehabilitation service, including job coaching, by the ~~State Department of Rehabilitation department~~, as defined in paragraphs (1) and (5) of subdivision (a) of Section 19150.

(e) The following four characteristics distinguish “vocational supportive services” from traditional methods of providing vocational rehabilitation and day activity services:

(1) Service recipients appear to lack the potential for unassisted competitive employment.

(2) Ongoing training, supervision, and support services must be provided.

(3) The opportunity is designed to provide the same benefits that other persons receive from work, including an adequate income level, quality of working life, security, and mobility.

(4) There is flexibility in the provision of support which is necessary to enable the person to function effectively at the worksite.

(f) “Community reintegration services” means services as needed by clients, designed to develop, maintain, increase, or maximize independent functioning, with the goal of living in the community and participating in community life. These services may include, but are not limited to, providing, or arranging for access to, housing, transportation, medical care, rehabilitative therapies, day programs, chemical dependency recovery programs, personal assistance, and education.

(g) “Fund” means the Traumatic Brain Injury Fund.

(h) “Supported living services” means a range of appropriate supervision, support, and training in the client’s place of residence, designed to maximize independence.

(i) “Functional assessment” means measuring the level or degree of independence, amount of assistance required, and speed and safety considerations for a variety of categories, including activities of daily living, mobility, communication skills, psychosocial adjustment, and cognitive function.

(j) “Residence” means the place where a client makes his or her home, that may include, but is not limited to, a house or apartment where the client lives independently, assistive living arrangements, congregate housing, group homes, residential care facilities, transitional living programs, and nursing facilities.

SEC. 2. Section 4357 of the Welfare and Institutions Code is amended to read:

4357. (a) The sites shall be able to identify the special needs and problems of clients and the services shall be designed to meet those needs.

(b) The sites shall match not less than 20 percent of the amount granted, with the exception of funds used for mentoring. The required match may be cash or in-kind contributions, or a combination of both, from the sites or any cooperating agency. In-kind contributions may include, but shall not be limited to, staff and volunteer services.

(c) The sites shall provide at least 51 percent of their services under the grant to individuals who are Medi-Cal eligible or who have no other identified third-party funding source.

(d) The sites shall provide, directly or by arrangement, a coordinated service model to include all of the following:

(1) Supported living services.

(2) Community reintegration services.

1 (3) Vocational supportive services.

2 (4) Information, referral, and, as needed, assistance in
3 identifying, accessing, utilizing, and coordinating all services
4 needed by individuals with traumatic brain injury and their families.

5 (5) (A) Public and professional education designed to facilitate
6 early identification of persons with brain injury, prompt referral
7 of these persons to appropriate services, and improvement of the
8 system of services available to them.

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10 (B) *The* model shall be designed and modified with advice from
11 clients and their families, and shall be accessible to the population
12 in need, taking into account transportation, linguistic, and cultural
13 factors.

14 (e) The sites shall develop and utilize an individual service plan
15 which will allow clients to move from intensive medical
16 rehabilitation or highly structured living arrangements to increased
17 levels of independence and employment. The goals and priorities
18 of each client shall be an integral part of his or her service plan.

19 (f) The sites shall seek all third-party reimbursements for which
20 clients are eligible and shall utilize all services otherwise available
21 to clients at no cost, including vocational rehabilitation services
22 provided by the ~~Department of Rehabilitation~~ department.
23 However, grantees may utilize grant dollars for the purchase of
24 nonreimbursed services or services otherwise unavailable to clients.

25 (g) The sites shall endeavor to serve a population that is broadly
26 representative with regard to race and ethnicity of the population
27 with traumatic brain injury in their geographical service area,
28 undertaking outreach activities as needed to achieve this goal.

29 (h) The sites shall maintain a broad network of relationships
30 with local groups of brain injury survivors and families of
31 survivors, as well as local providers of health, social, and
32 vocational services to individuals with traumatic brain injury and
33 their families. The sites shall work cooperatively with these groups
34 and providers to improve and develop needed services and to
35 promote a well-coordinated service system, taking a leadership
36 role as necessary.

37 SEC. 3. Section 4358.5 of the Welfare and Institutions Code
38 is amended to read:

39 4358.5. (a) Funds deposited into the Traumatic Brain Injury
40 Fund pursuant to paragraph (8) of subdivision (f) of Section 1464

1 of the Penal Code shall be matched by federal vocational
2 rehabilitation services funds for implementation of the Traumatic
3 Brain Injury program pursuant to this chapter. However, this
4 matching of funds shall be required only to the extent it is required
5 by other state and federal law, and to the extent the matching of
6 funds would be consistent with the policies and priorities of the
7 ~~State Department of Rehabilitation~~ *department* regarding funding.

8 (b) The department shall seek and secure funding from available
9 federal resources, including, but not limited to, Medicaid and drug
10 and alcohol funds, utilizing the Traumatic Brain Injury Fund as
11 the state's share for obtaining federal financial participation, and
12 shall seek any necessary waiver of federal program requirements
13 to maximize available federal dollars.