

AMENDED IN SENATE JUNE 21, 2021

AMENDED IN ASSEMBLY APRIL 22, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL

No. 383

Introduced by Assembly Member Salas
(Coauthors: Senators Eggman and Rubio)

February 2, 2021

An act to add Article 5 (commencing with Section 5816) to Part 3 of Division 5 of the Welfare and Institutions Code, relating to ~~mental~~ *behavioral* health.

LEGISLATIVE COUNSEL'S DIGEST

AB 383, as amended, Salas. ~~Mental~~ *Behavioral* health: older adults.

Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs, including the Adult and Older Adult Mental Health System of Care Act. Existing law authorizes the MHSA to be amended by a $\frac{2}{3}$ vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA, and also permits the Legislature to clarify procedures and terms of the MHSA by a majority vote.

This bill would establish within the State Department of Health Care Services an Older Adult ~~Mental~~ *Behavioral* Health Services Administrator to oversee ~~mental~~ *behavioral* health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its

responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of ~~mental~~ *behavioral* health services for older adults, monitoring the quality of programs for those adults, and guiding decisionmaking on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcome and related indicators by July 1, 2022, and would require the report to be posted on the department’s internet website. The bill would also require the administrator to develop a strategy and standardized training for all county ~~mental~~ *behavioral* health personnel in order for the counties to assist the administrator in obtaining the data necessary to develop the outcome and related indicators.

This bill would declare that it clarifies procedures and terms of the Mental Health Services Act.

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. Article 5 (commencing with Section 5816) is
 2 added to Part 3 of Division 5 of the Welfare and Institutions Code,
 3 to read:

4
 5 Article 5. The Older Adult ~~Mental~~ *Behavioral* Health Services
 6 Administrator
 7

8 5816. (a) There is within the State Department of Health Care
 9 Services an Older Adult ~~Mental~~ *Behavioral* Health Services
 10 Administrator who shall oversee ~~mental~~ *behavioral* health services
 11 for older adults. The administrator position shall be funded with
 12 administrative funds pursuant to, and shall act in accordance with
 13 the purposes described in, subdivision (d) of Section 5892.

14 (b) The Older Adult ~~Mental~~ *Behavioral* Health Services
 15 Administrator shall work in close coordination and collaboration
 16 with stakeholders, including, but not limited to, the following:

17 (1) The Mental Health Services Oversight and Accountability
 18 Commission.

1 (2) The Director of the California Department of Aging.

2 (3) County behavioral health services departments.

3 (4) Any other relevant stakeholders to ensure that older adults
4 have access to necessary behavioral health services and supports.

5 (c) In order to fulfill duties to consumers and family members
6 as well as the requirements for research and evaluation of ~~mental~~
7 *behavioral* health services and outcomes as described in
8 subdivision (d) of Section 5892, the Older Adult ~~Mental Behavioral~~
9 Health Services Administrator’s responsibilities shall include, but
10 shall not be limited to, the following:

11 (1) Service integration for ~~mental~~ *behavioral* health services
12 for older adults.

13 (2) Determining which outcome and related indicators counties
14 are currently collecting, and which current services are being
15 offered.

16 (3) Developing outcome and related indicators for older adults,
17 using existing data, for the purpose of assessing the status of ~~mental~~
18 *behavioral* health services for older adults, for monitoring the
19 quality of programs intended to serve those older adults, and to
20 guide decisionmaking on how to improve those services.

21 (4) Ensuring that indicators shall reflect the following issues,
22 including, but not limited to, screenings and assessments of
23 affective disorders, suicide risk and suicide rates, medication
24 review, cognitive review and assessment, alcohol use and substance
25 misuse, housing and independent living assessment, social
26 connections and social isolation, consumer and family satisfaction
27 with care, access to care overall and for diverse populations,
28 continuity and integration of care, health services utilization such
29 as psychiatric hospitalizations and emergency room use for ~~mental~~
30 ~~and~~ behavioral health care, the number of eligible older adults with
31 a mental health service need compared with the number of eligible
32 older adults who received services in the measurement year, and
33 services provided on a regional basis to determine regional areas
34 with the greatest need for services.

35 (5) To the extent that data does not exist to sufficiently
36 determine the outcome and related indicators identified in
37 paragraph (4), working with all relevant stakeholders to develop
38 a strategy to identify high-level indicators, including, but not
39 limited to, for those indicators from paragraph (4) that cannot be
40 sufficiently defined using existing and available data.

1 (6) Utilization of the new outcome and related indicators to
2 prepare and disseminate, on an annual basis, reports to the State
3 Department of Health Care Services, the Mental Health Services
4 Oversight and Accountability Commission, and counties that would
5 also include, but are not limited to, numbers of older adults served
6 by age, differences in age categorization of older adult groups
7 served, and effectiveness of services.

8 (7) In close coordination and consultation with experts in the
9 field, establishing a standardized geriatrics training module for
10 ~~mental behavioral~~ health professionals that would include a plan
11 to account for cultural, linguistic, ethnic, geographic, and
12 socioeconomic diversity among the older adult population, and
13 that address barriers and stigma experienced by older adult
14 populations. The standardized training module shall be made
15 available to ~~mental behavioral~~ health professionals and other
16 providers.

17 (d) The Older Adult ~~Mental Behavioral~~ Health Services
18 Administrator shall receive any data, the access to which is not
19 restricted by any state or federal law, that is necessary to develop
20 outcome-related indicators as specified in paragraph (4) of
21 subdivision (c), including, but not limited to, data held by other
22 state agencies or departments.

23 (e) The Older Adult ~~Mental Behavioral~~ Health Services
24 Administrator shall maintain the confidentiality of information
25 received pursuant to this section in a manner that is equal to the
26 manner in which other state agencies or departments maintain the
27 confidentiality of data.

28 (f) The Older Adult ~~Mental Behavioral~~ Health Services
29 Administrator may establish one or more advisory bodies to guide
30 and inform the selection of outcome and related indicators and the
31 strategy for developing and reporting those indicators. An existing
32 state entity that involves diverse representation of older adults,
33 including, but not limited to, the California Commission on Aging,
34 may act as an advisory body for purposes of this section.

35 (g) The Older Adult ~~Mental Behavioral~~ Health Services
36 Administrator shall report to the entities listed in subdivision (d)
37 of Section 5892, on or before July 1, 2022, all of the outcome and
38 related indicators developed by the administrator pursuant to
39 paragraph (4) of subdivision (c). The report shall also include
40 recommendations on ways to establish a system for monitoring

1 those indicators on a continual basis, including additional staffing
2 or technology that might be necessary, and any regulatory or fiscal
3 barriers that may hinder future progress on the development of a
4 monitoring system. The report shall be posted on the department's
5 internet website.

6 (h) The Older Adult—~~Mental~~ *Behavioral* Health Services
7 Administrator shall also develop a strategy and standardized
8 training for all county—~~mental~~ *behavioral* health personnel,
9 including clinicians, involved in delivering Mental Health Services
10 Act mental health care and prevention services to older adults in
11 order for counties to assist the administrator in obtaining the data
12 necessary to develop the outcome and related indicators specified
13 in paragraph (4) of subdivision (c).

14 SEC. 2. The Legislature finds and declares that this act clarifies
15 procedures and terms of the Mental Health Services Act within
16 the meaning of Section 18 of the Mental Health Services Act.