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**WELFARE AND INSTITUTIONS CODE - WIC**

**DIVISION 4. MENTAL HEALTH [4000 - 4390]** ( *Heading of Division 4 amended by Stats. 1977, Ch. 1252.* )

**PART 3. DEPARTMENTAL PROGRAM INITIATIVES [4340 - 4369.4]** ( *Part 3 added by Stats. 1991, Ch. 89, Sec. 51.* )

**CHAPTER 5. Persons With Acquired Traumatic Brain Injury [4353 - 4358.5]** ( *Chapter 5 added by Stats. 1991, Ch. 89, Sec. 51.* )

**4353.** The Legislature finds and declares all of the following:

- (a) There is a large population of persons who have suffered traumatic brain injuries resulting in significant functional impairment. The annual number of brain injuries is greater than the rates of breast cancer, heart attack, lung cancer, HIV and AIDS, spinal cord injuries, and multiple sclerosis combined.
- (b) Roughly 28 percent of all brain injuries are due to a fall, and 20 percent are due to motor vehicle accidents. Those injuries attributable to motor vehicle accidents, however, account for the greatest number of hospitalizations.
- (c) There is a lack of awareness of the problems associated with brain injury as a chronic health condition resulting in a significant absence of community reintegration services for persons with brain injuries, including, but not limited to, in-home and out-of-home services, respite care, placement programs, counseling, cognitive rehabilitation, transitional living, and vocational rehabilitation services.
- (d) Although there are currently a number of different programs attempting to meet the needs of the persons with brain injuries in the field of community reintegration, there is no clearly defined ultimate responsibility vested in any single state agency. This section does not mandate services for persons with acquired traumatic brain injury through county and city programs.
- (e) While formal standards of care exist for both medical and rehabilitative models within the system of brain injury care, the same cannot be said with regard to community reintegration services. Currently, there is no programmatic coordination among agencies to facilitate the provision of a continuing range of services appropriate for persons with traumatic brain injuries.
- (f) There is a serious gap in postacute care services for the life of the brain injury survivor, resulting in incomplete recovery of functional potential.
- (g) Due to the problems referred to in this section, the state is not adequately meeting the needs of persons with brain injuries by enabling them to return to work and to lead productive lives.

(Amended by Stats. 2018, Ch. 402, Sec. 1. (SB 398) Effective January 1, 2019.)

**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 Rehabilitation.
- (c) "Director" means the Director of 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 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 consumers, 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 consumer'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 consumer makes his or her home, that may include, but is not limited to, a house or apartment where the consumer lives independently, assistive living arrangements, congregate housing, group homes, residential care facilities, transitional living programs, and nursing facilities.

(k) "Community rehabilitation program" shall have the same meaning as contained in subdivision (5) of Section 705 of Title 29 of the United States Code.

*(Amended by Stats. 2009, Ch. 439, Sec. 1. (AB 398) Effective January 1, 2010.)*

**4354.5.** The Legislature finds and declares all of the following:

(a) Traumatic brain injuries have a long-term impact on the survivors, their families, caregivers, and support systems.

(b) Long-term care consumers experience great differences in service levels, eligibility criteria, and service availability, resulting in inappropriate and expensive care that fails to be responsive to their needs.

(c) To the maximum extent feasible, the department shall pursue all available sources of funding.

(d) If new sources of funding are secured that will permit expanding the existing Traumatic Brain Injury Program, the department shall fund an array of appropriate services and assistance to adults 18 years of age and older with traumatic brain injuries in those areas of the state with the greatest need.

(e) Implementation of this chapter shall be consistent with the state's public policy strategy to design a coordinated services delivery system pursuant to Article 4.05 (commencing with Section 14139.05) of Chapter 7 of Part 3 of Division 9.

*(Amended by Stats. 2018, Ch. 402, Sec. 2. (SB 398) Effective January 1, 2019.)*

**4355.** (a) On or before July 1, 2024, the department shall determine requirements related to service delivery, uniform data collection, and other aspects of program administration, in addition to those specified in Section 4357, that service providers participating in the traumatic brain injury program must meet. This may include, but is not limited to, requiring service providers to be approved as community reintegration programs eligible to serve consumers.

(b) On or before July 1, 2024, the department shall do all of the following:

(1) Determine the level of funding necessary to permit a service provider to meet all applicable requirements and adequately serve its designated service area.

(2) Determine the number of sites that can be supported with available funding.

(3) If funding is available, solicit applications from new organizations interested in and qualified to provide services pursuant to this chapter, and select those best qualified to do so, with priority given to applicants that have proven experience in providing effective community reintegration services to persons with acquired traumatic brain injuries, including, but not limited to, supported living services, caregiver support, and family and community education.

(c) The department shall meet periodically with traumatic brain injury service providers for discussion of topics, including, but not limited to, the development and implementation of performance standards and data collection processes, eligibility requirements, program administration, pursuit of funding, and refinement of the traumatic brain injury continuum of care.

**4356.** Using data collected consistent with requirements established pursuant to subdivision (a) of Section 4355, the department shall monitor and evaluate the performance of service providers.

*(Repealed and added by Stats. 2009, Ch. 439, Sec. 6. (AB 398) Effective January 1, 2010.)*

**4357.** (a) Service providers shall identify the needs of consumers and deliver services designed to meet those needs.

(b) Service providers 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) Service providers 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) (1) Service providers shall provide, directly or by arrangement, a coordinated service model to include all of the following:

(A) Supported living services.

(B) Community reintegration services.

(C) Vocational supportive services.

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

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

(2) The model shall be designed and modified with advice from consumers and their families, and shall be accessible to the population in need, taking into account transportation, linguistic, and cultural factors.

(e) Service providers shall develop and utilize an individual service plan which will allow consumers to move from intensive medical rehabilitation or highly structured living arrangements to increased levels of independence and employment. The goals and priorities of each consumer shall be an integral part of his or her service plan.

(f) Service providers shall seek all third-party reimbursements for which consumers are eligible and shall utilize all services otherwise available to consumers at no cost, including vocational rehabilitation services provided by the department. However, grantees may utilize grant dollars for the purchase of nonreimbursed services or services otherwise unavailable to consumers.

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

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

(i) Service providers shall furnish uniform data to the department pursuant to subdivision (a) of Section 4355 as necessary to monitor and evaluate the program.

(j) Service providers wishing to continue to participate in the program after July 1, 2013, shall, by that date, be in compliance with additional eligibility requirements established by the department pursuant to Section 4355.

*(Amended by Stats. 2009, Ch. 439, Sec. 7. (AB 398) Effective January 1, 2010.)*

**4357.1.** (a) The department may make grants from the funds in the Traumatic Brain Injury Fund, established in Section 4358, to service providers for the purpose of carrying out the programs detailed in this chapter.

(b) Contracts or grants awarded pursuant to this chapter, including contracts required for administration or ancillary services in support of programs, shall be exempt from the requirements of the Public Contract Code and the State Administrative Manual, and from approval by the Department of General Services.

(c) Grants awarded to service providers pursuant to this chapter shall be subject to open competition every three years, unless the department elects to extend one or more grants and delay competition for those grants by a maximum of two additional years.

*(Amended by Stats. 2009, Ch. 439, Sec. 8. (AB 398) Effective January 1, 2010.)*

**4358.** There is hereby created in the State Treasury the Traumatic Brain Injury Fund, the moneys in which may, upon appropriation by the Legislature, be expended for the purposes of this chapter.

*(Added by Stats. 1991, Ch. 89, Sec. 51. Effective June 30, 1991.)*

**4358.5.** Funds deposited into the Traumatic Brain Injury Fund pursuant to subdivision (f) of Section 1464 of the Penal Code may be matched by federal vocational rehabilitation services funds for implementation of the Traumatic Brain Injury program pursuant to this chapter. However, this matching of funds shall occur only to the extent it is permitted by other state and federal law, and to the extent the matching of funds would be consistent with the policies and priorities of the department.

*(Amended by Stats. 2017, Ch. 17, Sec. 62. (AB 103) Effective June 27, 2017.)*